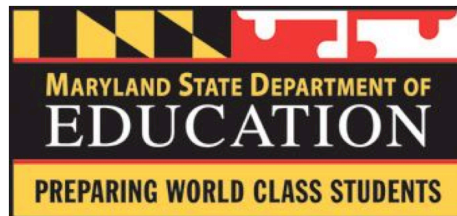**Maryland State Department of Education**
Division of Special Education/Early Intervention Services

Individuals with Disabilities Education Act (IDEA)
Federal Fiscal Year (FFY) 2013
Part C State Systemic Improvement Plan (SSIP)
Phase I

Division of Special Education/Early Intervention Services

April 1, 2015

Maryland State Department of Education
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Overview

Description of the State Identified Measurable Result (SIMR)

The Maryland Infants and Toddlers Program (MITP), in consultation with internal and external stakeholders, identified the SIMR as substantially increasing the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children in four (4) Local Infants and Toddlers Programs (LITPs). The MITP's SSIP measure is aligned with Summary Statement #1 of Indicator 3a: Of those children who entered the program below age expectations in positive social-emotional skills, the percent who substantially increased their rate of growth by the time they exited the program.

Baseline and Targets

FFY	Of the Infants, Toddlers, and Preschool Age Children Who Entered the Program Below Age Expectations in Positive Social-Emotional Development, the Percentage Who Substantially Increased Their Rate of Growth By the Time they Exited in the 4 Initially Selected LITPs
2013 (Weighted Baseline)	57.40%
2014	57.40%
2015	58.40%
2016	59.40%
2017	60.40%
2018	61.40%

Description of State Program

The Maryland State Department of Education (MSDE), Division of Special Education/Early Intervention Services (DSE/EIS) coordinates Maryland's Individuals with Disabilities Education Act (IDEA) Part C early intervention program, the MITP. Services to children and families in the MITP are provided by 24 LITPs in 23 counties and Baltimore City. From October 2012 to October 2013, those 24 LITPs served 16,547 infants, toddlers, and preschool age children through IFSPs and Extended IFSPs. On October 25, 2013, the MITP was serving 7,773 children birth to age three on an IFSP and an additional 1,086 children older than age three on an Extended IFSP.

Process Used for Developing Phase I of the SSIP

The data and infrastructure analysis began internally with a review of a broad base of information related to child and family outcomes from reports and data requests. Next, stakeholders reviewed the data, engaged in specific activities to analyze Maryland's infrastructure, and participated in an iterative process over time with facilitated brainstorming activities to generate recommendations, including additional areas of data analysis. Identification of the State Identified Measurable Result (SIMR) focused on the development of three components – what outcome area, where or which subpopulation group, and which LITPs would be initially involved. With the proposed SIMR, internal and external stakeholders identified root causes, a coherent set of improvement strategies, and developed a Theory of Action. While most

of the face-to-face Phase I activities with stakeholders were completed by January 2015, they continued to be involved through email communications through March 2015.

Stakeholder Involvement

The MSDE, DSE/EIS is committed to transparency and strong stakeholder engagement throughout all phases of Maryland's State Systemic Improvement Plan. Maryland's stakeholders consist of agencies that are instrumental in decision-making and the provision of services to infants, toddlers, and preschool-age children in the State. In addition to internal stakeholders within the DSE/EIS at the MSDE, external stakeholders include parents, local Infants and Toddlers Program (LITP) Directors, the MSDE Executive Team (including the Chief Performance Officer, Chief Academic Officer, and Chief Operating Officer), Preschool Special Education Coordinators, Directors of Special Education, Local Program Supervisors, Early Intervention Providers, members of the State Interagency Coordinating Council (SICC), early care and education providers, Institutes of Higher Education, the Department of Health and Mental Hygiene/Health Department, the Department of Disabilities, Head Start, Early Head Start, Parent Advocacy Groups and Family Support (e.g., Maryland Disability Law Center and the Maryland Family Network), Maryland Chapter of the American Academy of Pediatrics, the Division of Early Childhood Development (DECD) at the MSDE, the Maryland Insurance Administration, Homeless Education at the MSDE, Foster Care at the MSDE, the Early Childhood Mental Health Project, the Governor's Office for Children, Maryland Developmental Disabilities Council, the Maryland Screening Consortium, the Early Childhood Mental Health Steering Committee, and the Local Interagency Coordinating Councils. Some stakeholders were unable to regularly attend stakeholder workgroup meetings due to preexisting commitments, but provided significant input outside of meetings. The Assistant State Superintendent of the DSE/EIS and the MSDE Executive Team, for example, was heavily involved in each step of the SSIP process through internal planning meetings and document reviews.

Sustaining and strengthening stakeholder engagement is essential for a continuous, dynamic planning process as Maryland moves forward with the development, implementation, and evaluation of the State Systemic Improvement Plan. During each component of Phase 1 - Data Analysis, Infrastructure Analysis, State Identified Measurable Result, Selection of Coherent Improvement Strategies, and Theory of Action, stakeholders served as both a critical sounding board and as vital decision-makers. The stakeholders listed throughout this document will be an integral part of the development of Phase 2 of the SSIP. Stakeholder engagement and input in Phase 1 occurred through formal and informal feedback loops including multiple face-to-face meetings, e-mails, surveys, and document reviews. A more detailed description of the participatory processes utilized during stakeholder meetings to reach critical decisions will be discussed with each component.

During the target setting process stakeholders provided input on baseline and target setting, including children receiving services through an IFSP birth to three, as well as children receiving services through an Extended IFSP after age three. Additionally, stakeholders proposed that each "SSIP local program" have its own baseline and target, if possible. If not possible, stakeholders recommended finding a way to weight the baseline and targets based on the size of the programs. The Office of Special Education Programs (OSEP) has indicated that only one

baseline may be set, so the State, with technical assistance through the Early Childhood Technical Assistance (ECTA) Center, has set the baseline and targets based on each program's weighted size. Stakeholder involvement in Phase 1 has been invaluable to the overall development of the Maryland's State Systemic Improvement Plan.

Data Analysis

Stakeholder Involvement

The Maryland Infants and Toddlers Program (MITP) conducted numerous stakeholder workgroup meetings specific to data analysis. During each meeting, stakeholders were engaged through data presentations, small group analysis and discussion, opportunities for comments, and requests for additional data and data analysis.   Prior to each meeting with external stakeholders, internal stakeholders analyzed system data, examined meaningful differences in data, and prepared data charts and graphs. The MITP data analyses with internal and external stakeholders occurred at five meetings with meeting notes/materials shared with the stakeholders after each meeting.

Below is a brief summary of each stakeholder meeting:
1) Stakeholder meeting #1 (12/5/13) – SPP/APR data were presented to stakeholders.
2) Stakeholder meeting #2 (4/29/14) – Preschool Suspension and Race Data (eligibility, withdrawal, loss of contact, etc.) were disaggregated by race.
3) Stakeholder meeting #3 (6/5/14) – Race Data were presented again. Child and Family Outcomes disaggregated. Stakeholders asked for Child and Family Outcomes to be disaggregated further.
4) Stakeholder meeting #4 (9/19/14) – Further disaggregation of Child and Family Outcomes. Child Find, Kindergarten Readiness, preschool suspension data, and KIDS COUNT mental health data were also presented.
5) Stakeholder meeting #5 (9/26/14) – A combined comprehensive presentation of all data analyses was given and stakeholders agreed that analysis was complete.

All stakeholders were invited to attend each meeting (except the 4/29/14 meeting, which was specific to statewide leaders) and then given the opportunity to provide input in the data analyses after meeting notes/materials were distributed. The specific attendance of stakeholders at those workgroup meetings is indicated below:

Internal Stakeholders

Stakeholder	12/5/13	4/29/14	6/5/14	9/19/14	9/26/14
Assistant State Superintendent, DSE/EIS		X			
Policy and Accountability Branch Chief, DSE/EIS		X			
MITP Program Manager, Section Chief for Policy and Data, DSE/EIS	X	X	X	X	X
Programmatic Support and Technical Assistance Branch		X			

Chief, DSE/EIS					
Birth through Five Section Chief, Preschool Coordinator, DSE/EIS	X	X	X		
Birth through Five Quality Assurance Specialist, DSE/EIS	X	X	X	X	
Birth through Five Education Program Specialist, DSE/EIS	X	X			
Birth through Five Education Program Specialist, DECD					X
MSRRC TA Provider			X		
Consultant				X	

External Stakeholders

Stakeholder	12/5/13	4/29/14	6/5/14	9/19/14	9/26/14
Parents	X	X	X		
LITP Directors	X	X	X	X	X
Preschool Coordinators	X	X	X	X	
Directors of Special Education	X	X	X		
Local Program Supervisors	X	X	X	X	
Early Intervention Providers	X	X	X	X	X
State Interagency Coordinating Council	X		X	X	
Institutes of Higher Education	X	X	X	X	X
Department of Health and Mental Hygiene/Health Department	X		X		X
Head Start	X		X		
Early Head Start	X		X		X
Advocacy Groups	X	X	X	X	
Maryland Chapter of the American Academy of Pediatrics	X		X	X	X
Division of Early Childhood Development/Child Care	X	X	X	X	X
Maryland Insurance Administration	X		X		
Homeless Education	X		X	X	
Foster Care	X		X		
Mental Health	X		X	X	
Governor's Office for Children	X		X		

Maryland Family Network (Family Support)	X		X		
Maryland Developmental Disabilities Council	X		X	X	
Maryland Screening Consortium Members	X		X	X	X
LICC Chairs/Members	X		X	X	

Sources of Data

Data analyses for Maryland's State Systemic Improvement Plan (SSIP) were completed using data from many different sources. In Maryland, all data related to SPP/APR and 618 data reporting are available in the MITP's Online Individualized Family Service Plan (IFSP) Database, with the exception of complaint data and family outcomes data. The former is collected from the MSDE, DSE/EIS Complaint Database, while the latter is collected through a State-funded vendor. Additional data used in the Phase 1 of SSIP development were collected from the Longitudinal Accountability Decision Support System (LADSS), Consolidated Local Implementation Grant (CLIG) applications, the Ready at Five School Readiness reports, and other sources of data and reports, such as KIDS' Count.

Online IFSP Database

The Online IFSP Database is a secure web-based application that serves as the primary case management tool for service coordinators and service providers working with children in the MITP. The main user function is the co-development, co-implementation, and co-evaluation of IFSPs. Since all IFSPs are entered into the Online IFSP Database through local users, the State has access to the IFSPs of all children and families receiving services through the MITP. In addition, local and state leaders utilize the data analysis functions of the Online IFSP to generate both predefined and dynamic reports to assist with programmatic data-informed decision-making.

Family Outcomes Survey Data

Data for the Family Outcomes Indicators 4A, 4B, and 4C are collected through the distribution of family surveys, compiled and aggregated by a MSDE contractor, and then analyzed by the MSDE staff. The survey utilized for these data are those recommended by the National Center for Special Education Accountability and Monitoring (NCSEAM), with two additional items to address children/families receiving services through the Extended IFSP Option. These data are compiled for MITP's Annual Performance Report. Additionally, local data dashboards are distributed annually to assist within programmatic decision-making and family outcomes.

The MSDE, DSE/EIS Complaint Database

The number and type of state complaints are monitored and tracked in the MSDE, DSE/EIS Compliant Database. These data are compiled and used for the MITP's Annual Performance Plan. Data are analyzed for statewide patterns and targeted technical assistance is provided if patterns are identified.

Longitudinal Accountability Decision Support System (LADSS)

The MSDE, DSE/EIS, in collaboration with the Johns Hopkins University Center for Technology in Education (CTE) has developed the Maryland Special Education and Early Intervention Longitudinal Accountability Decision Support System (LADSS). This system encompasses the integration of statewide demographic and outcome data with special education and early intervention services data collection tools through a linked special education longitudinal data warehouse. These data are useful for examining the long-term benefits of early intervention and special education.

Consolidated Local Implementation Grant (CLIG) Applications

The CLIG is designated as the single grant mechanism through which local jurisdictions receive federal and State funds to implement local early intervention programs in compliance with federal and State regulations, policies, and procedures. As part of each local program's CLIG submission, information on local funding contribution is collected. This information is useful when determining the total level of program funding.

Other Sources of Data

Ready at Five School Readiness Data

Ready at Five is an organization, founded in 1992, with the mission of ensuring school readiness for all children in Maryland. Each year, Ready at Five publishes school readiness data, based on the performance of kindergarteners on the Maryland Model for School Readiness (MMSR) Work Sampling System (WSS). Children are identified as either fully ready, approaching readiness, or developing readiness in seven domains of learning: Language and Literacy, Physical Development, Social Studies, Scientific Thinking, Mathematical Thinking, The Arts, and Social/Personal Development. Statewide Readiness Data are published on the organization's website, found here http://www.readyatfive.org/school-readiness-data/statewide-readiness-data-2014.html. http://www.readyatfive.org/school-readiness-data/statewide-readiness-data-2014.htmlInformation from Ready at Five is disaggregated by subgroups and is useful for making programmatic decisions about reducing the school readiness gap for specific populations.

http://www.readyatfive.org/school-readiness-data/statewide-readiness-data-2014.html

KIDS COUNT Data Center

The KIDS COUNT Data Center tracks the well-being of the nation's children and families, including the number of children who have one or more emotional, behavioral, or developmental concerns. These data promote an overall state picture of how children and families are doing.

Maryland Excellence Counts in Early Learning and School-Age Child Care (EXCELS)

Maryland EXCELS is a voluntary Quality Rating and Improvement System (QRIS), which awards ratings to family providers, center-based, and public school child care programs, and school age before and after school programs that meet increasingly higher standards of quality in key areas. Maryland EXCELS includes standards in different areas of early care and education, including licensing, learning environments, staffing, and professional development,

developmentally appropriate learning and program practices, child assessment, program administration and policies, and accreditation. The Maryland EXCELS database includes relevant information about each childcare program, to inform families and other stakeholders about the quality of these programs.

Early Childhood Mental Health Consultation (ECMHC) Database

The ECMHC Outcomes Monitoring System (OMS) is a web-based data entry and tracking system developed by The Institute for Innovation and Implementation (The Institute) with funding from the MSDE. The ECMHC OMS provides ongoing monitoring of MSDE-funded ECMHC programs across the state of Maryland. Ongoing monitoring and evaluation strengthens implementation efforts of ECMHC, drives the improvement of outcomes for those served, and may help to secure additional funding for these vital programs that intend to enhance professional development for early care and education (ECE) staff and improve children's social and emotional development and school readiness. THE ECMHC OMS enables consultants to enter tracking and assessment data, which reduces the amount of time needed to manually maintain evaluation databases, reduces ECMHC consultant and program burden, and eliminates the need for duplicate data entry. Data from the ECMHC Database are used to monitor the fidelity of the Mental Health Consultants as well as individual and programmatic child-level results.

Types of Data Analyzed

During Phase I of SSIP development the MITP analyzed and disaggregated numerous types of data. Analyzed data were presented at stakeholder meetings for feedback and suggestions for additional data analyses were considered. The MITP started with broad data analysis and became more focused after each stakeholder meeting. The types of data analyzed included:

1) *State Performance Plan (SPP)/Annual Performance Report (APR) Compliance and Results Data, including 618 data,* disaggregated over time and by jurisdiction;

2) *Child Find Data*, disaggregated by referral source and jurisdiction;

3) *Race Data*, disaggregated by percent eligible/ineligible, withdrawal from services, loss of contact, and jurisdiction;

4) *Family Outcomes Data*, disaggregated by race, eligibility criteria, primary family language, age at referral, length of time in the program, relationship to the child, and child outcomes data;

5) *Child Outcomes Data*, disaggregated by Medical Assistance (MA) status, length of time in the program, eligibility status, age at referral, race, number of community settings, jurisdiction, primary service setting, natural vs. non-natural environment, MA and jurisdiction, MA and eligibility criteria, MA and race, and funding per child. Child Outcomes data were also compared to national data and examined over time;

6) *MSDE, DSE/EIS Complaint Data*, disaggregated by year, jurisdiction, and type of complaint.

7) *Kindergarten Readiness Data*, disaggregated by race, domain, gender, disability vs. no disability, income status, jurisdiction, and year;

8) *Preschool Suspension Data*, disaggregated over time, by race, and by jurisdiction;

9) *KIDS COUNT Data*, national mental health data disaggregated over time;

10) *Early Childhood Mental Health Consultation Report and Data*, evaluation results;

11) *Maryland EXCELS Data*, program enrollment and quality data; and

12) *Social Emotional Foundations for Early Learning (SEFEL) Informal Survey,* LITPs were surveyed about the extent of SEFEL training of providers in each jurisdiction.

Data Findings

Data were examined using the Early Childhood Technical Assistance (ECTA) meaningful differences calculator.

1) *Compliance* – Generally, high levels of compliance were found throughout the state. Correction of noncompliance by all programs has occurred in a timely manner consistent with OSEP's 09-02 Memo. No indication that compliance data have a direct connection with results data was found.

2) *Child Find Data*

    a. *Referrals* – Increase in referrals over past 3 years.

    b. *Referral Sources* – Decrease in referrals by physicians over past 3 years with increases in referral by parents.

3) *Race* – Local programs were much more likely to lose contact with African American families than families of other races. This is relatively consistent across the state. More recent data suggest that this is improving.

4) *Family Outcomes*

    a. *Trends* – Not much variability noted from year to year (~95%).

    b. *Race* – Slightly higher outcomes reported by Asian families.

    c. *Eligibility Criteria* – No meaningful differences noted.

    d. *Primary Language* – No meaningful differences noted.

    e. *Age at Referral* – Families of children referred between the ages of 2 and 3 were more likely to report that they know their rights than families of children referred between ages 1 and 2. Families of children referred before age 1 were more likely to report that they can communicate their children's needs and can help their children develop and learn than families of children referred between ages 1 and 2.

    f. *Length of Time in the Program* – Families in the program longer generally had better outcomes than families in the program for less time.

    g. *Relationship to Child* – Fathers were more likely to report they knew their rights and can help their children develop and learn than mothers.

    h. *Gender* – Families of female children were more likely to report that they can communicate their children's needs and can help their children develop and learn than families of male children.

5) *Child Outcomes*

    a. *Trends* – A recent change in data collection methodology (the inclusion of COS into the IFSP process) prevents making conclusions based upon trends.

b. *Extended IFSP Option* – Small sample sizes and several changes to the ending age of the option prevents drawing conclusions specifically about this population.

c. *Comparison to National Data* – MITP data are higher than the national average for 5 of 6 subindicators.

d. *Local Jurisdiction Data* - More LITPs were below the State target for indicators 3a SS#1 (11 LITPs) and 3c SS#1 (11 LITPs) than other indicators 3a SS#2 (8 LITPs), 3b SS#1(8 LITPs), 3b SS#2 (7 LITPs), and 3c SS#2 (5).

e. *Medical Assistance (MA) Status* – Children with MA tend to make less progress in the program than children without MA.

f. *Length of Time in the Program* – Children with 19-24 months in the program tend to make the most progress.

g. *Eligibility Criteria* – Children with 25% delays tend to make more progress in social-emotional development and knowledge and skills than other eligibility categories. Children with atypical development are the most likely to leave at age level.

h. *Age at referral* – Children are less likely to leave the program at age level if they are referred older than when they are referred younger.

i. *Race* – In general, African American children do not make as much progress in the program as children of other races.

j. *Number of Community Settings* – Children who spend time in at least 4 different community settings are more likely to make substantial progress or leave the program at age level in *Social-Emotional Development* than children who spend almost no time in community settings.

k. *MA by jurisdiction* – Across jurisdictions, children with MA tend to make less progress than children without MA.

l. *MA by Race* – Unlike other races, African American children without MA are not more likely to make substantial progress in social-emotional development than those with MA.

m. *Funding* – In general, the total amount of program funding seems unrelated to outcomes except for the 6 programs with the lowest funding per child. These 6 programs tend to have lower outcomes.

6) *MSDE, DSE/EIS Complaint Data*

a. Small sample sizes limit the drawing of conclusions, but state complaints do not seem to be indicative of a larger systemic issue.

7) *School Readiness*

a. *Trends* – Full readiness has improved since FFY 2001 and has been relatively consistent for the past 2 years.

b. *Race* – Hispanic children tend to be less ready for school than other children for every domain except social-emotional. African American children are least likely to be fully ready in the social-emotional domain.   White children tend to be the most ready for school.

c. *Domain* – The lowest two domains are Scientific Thinking and Language Arts & Literacy. The highest two domains are Physical Development and the Arts. All

domains showed an increase from 2012/2013 to 2013/2014 except the Physical Development and Social and Personal Development domains.

   d. *Gender* – No differences were noted.

   e. *Disabilities* – The school readiness gap increased by 1 percentage point in FFY 2013. The gap has increased by 18 percentage points since FFY 2001. The gap is 29 points in FFY 2013.

   f. *Income* – The gap decreased from 18 percentage points in FFY 2001 to 11 percentage points in FFY 2013.

   g. *Disabilities by Domain* - The school readiness gap for children in special education is larger in the area of social and personal development than all other school readiness domains.

8) *Suspension Data*

   a. *Race* – African Americans have the highest rate of suspension in both general and special education. The rate of suspension is much higher than their prevalence in the population.

   b. *Preschool Suspension* – In FFY 2011, approximately 5 times as many preschool-age children were suspended compared to FFY 2010. In FFY 2012, approximately 4 times as many preschool-age children were suspended compared to FFY 2010.

9) *KIDS COUNT Data*

   a. *National Data* - Compared to other states, Maryland was ranked 12th in the nation on the overall well-being of its children based on 16 indicators in four domains: economic well-being, education, health, and family and community. Maryland ranked 14th, 8th, 14th, and 19th in the four domains, respectively. Maryland also ranks 15th in the nation in the number of children who have one or more emotional, behavioral, or developmental conditions.

   b. *Trends* – Maryland was ranked 10th in the nation in overall well-being in 2012 and 2013, but slipped to 12th in 2014. The economic ranking remained consistent at 14th, education decreased from 5th to 8th, health decreased from 8th to 14th, and family and community increased from 20th to 19th.

   c. *Emotional and Behavioral Issues* – Maryland has approximately 204,000 (about 17% of its population) children with one or more emotional, behavioral, or developmental conditions.

10) *Early Childhood Mental Health Consultation Data*

   a. *Program Evaluation Data* – Children referred for the child-focused ECMHC intervention showed an improvement of social-emotional functioning. In addition, the ECMHC reduced the overall problem behaviors reported in classrooms. Parents of children served by the ECMHC Project reported a decrease in parenting stress.

11) *Maryland EXCELS*

   a. *Current EXCELS Data* - Over 3,600 programs participating; most programs are currently published at Level 1 – the lowest level, with 136 programs currently published at highest level.

12) *Informal SEFEL Survey Data*

      a. Most LITPs indicated either that staff had not been SEFEL trained or that they needed to be retrained. The training that most providers received was specific to classroom settings. Almost all programs reported that they had not used the SEFEL parent modules with families.

Overall Data Quality

The MSDE, DSE/EIS has adopted a data informed decision-making approach to programmatic improvement. As a result, the MITP places great importance on the ability of local programs to provide timely and accurate data. To help foster the provision of timely and accurate data, the state has and continues to implement a variety of strategies.

IFSP Database Structure

The Online IFSP Database was built with a mechanism to detect data entry errors in order to improve the accuracy of data entry. For example, when inaccurate dates are entered into the system, a message appears during data entry to indicate that there is a problem with the data. The Database also has an audit function that ensures that all required information is entered into the system before an IFSP can be made "active."

The Referral Information and IFSP Online Database and Reporting System Manual

This document provides comprehensive instructions for completing an IFSP online or entering IFSP and other child/family data into the database system, as well as system requirements for its use. It also provides step-by-step instructions for data analysis through the Online IFSP's built in reporting section.

IFSP Process Guide

The IFSP Process Guide assists service coordinators and related service providers in understanding the IFSP process in order to successfully complete the IFSP with the family. In addition to process instructions, the guide includes examples of high-quality strengths and needs summaries and child/family outcomes.

Local Determinations

In order to emphasize the importance of timely submission of high quality data, the MITP has incorporated this requirement into its local determination criteria. Local programs are required to submit all data, including programmatic and fiscal reports, in a timely and accurate manner.

Birth Through 21 Record Reviews

As part of the MSDE, DSE/EIS birth through 21 monitoring process, monitoring staff from the MSDE, DSE/EIS examines Early Intervention Records (EIRs) for the presence of documentation that supports family related reasons for missing timelines. The MITP's goal is to ensure that documentation in the EIR is consistent with data entry.

Data Reports

The MITP runs reports in multiple formats to ensure consistency across data reports. The MITP works with the software developer to resolve programming issues. The Online IFSP Database also includes audit reports, which help verify the presence and accuracy of data. MITP runs these reports periodically and recommends that LITPs run the reports monthly to ensure high-quality data. Sample audit reports include: "Greater than 33 months old and no Transition Meeting Date," "Inactive Status but no inactive date entered," "Service start date is after the ending date," and "Services entered but don't start within 30 days of the first meeting."

Improvement Plans/Corrective Action Plans

The MITP requires that LITPs submit data to the Online IFSP Database in a timely and accurate manner and assigns Improvement Plans and/or Corrective Action Plans when local programs fail to do so.

Assurances

The MITP includes language in the Assurance section of the annual Consolidated Local Implementation Grant (CLIG) application that local programs will provide timely and accurate data for all children receiving early intervention services.

Professional Learning and Technical Assistance

The MITP conducts hands-on statewide trainings to roll out major changes to the Online IFSP Database. The MITP conducts on-site and Online IFSP Database technical assistance to LITPs to help ensure competence with data entry and database report capabilities.

Child Outcomes Data Quality

The MITP believes that its child outcomes data are generally of high quality and ECTA's State Outcomes Data Quality Profile supports this belief. The MITP continues to ensure high data quality through the implementation of the following strategies:

Child Outcomes Missing Data

In the past, the MITP had concerns about the amount of missing child outcomes data. The MITP began assigning Improvement Plans and Corrective Action Plans for local programs with large amounts of missing data. This concern has also been addressed through the Child Outcome Summary (COS) integration process. In other words, by integrating the COS into the IFSP document, it is not viewed by local providers as a process separate from service delivery. Instead, local IFSP teams use the COS process as a way to inform outcome development, service delivery discussions, and progress monitoring. The MITP also included a field in the database to indicate reasons for missing COS data. These reasons include: "not in the program for at least 6 months," "attempts to contact unsuccessful," "parent withdrawal," "moved out of state," and "deceased." The MITP continues to implement strategies to decrease the amount of missing COS data.

In an effort to strengthen the integration of the COS process into the IFSP process, additional improvement activities were completed. These included the development of a COS Tutorial, which was intended to assist early intervention professionals to understand and effectively measure early childhood outcome results. The online tutorial was designed to supplement direct face-to-face training and provide an ongoing resource for implementing the integration of COS into the IFSP process.

Two video resources were created to increase the accuracy of COS data and promote family-centered practices: *Engaging Families in the Child Outcomes Summary (COS) Process* and *Functional Outcomes and School Readiness*. These resources were created to help early intervention service providers develop a deeper understanding of the importance of eliciting functional information from families, to anchor discussions of a child's strengths and needs in age-expected development, to utilize collaborative decision-making for the COS ratings, and to create functional child outcomes integrated into family routines, even when the outcome is specifically focused on school readiness.

The accuracy of COS data continues to be addressed statewide through professional learning opportunities and ongoing technical assistance. The annual local Comprehensive System of Personnel Development (CSPD) Plan includes a requirement for the inclusion of local/regional training(s) and/or technical assistance on the utilization of the COS process for all new and experienced staff responsible for completion of the COS integrated into the IFSP process. Specific individualized technical assistance around the COS process, child outcomes data quality, and child outcomes data analysis continues to be provided by the MITP at program request. State and local stakeholders are in agreement that continued professional learning efforts around the accuracy of COS data must be provided on a regular basis to all early intervention staff, including the implementation of the COS Competency Check currently being piloted at the national level.

Compliance Data

During the Data Analysis process, the MITP considered all SPP/APR data, including compliance data. The MITP's compliance data are generally high (>95%) and local programs continue to correct noncompliance within one year of notification. LITP compliance data are also, in general, very high. There is not much variability between programs in terms of compliance levels. In analyzing data, there does not appear to be a link between compliance data and child and/or family outcomes.

Additional Data Required

The MITP believes, and stakeholders agree, that no additional data are required for the Data Analysis component.

Data Conclusions

The MITP's compliance, 618, and family outcomes data are generally very high. Correction of noncompliance continues to occur in a timely manner consistent with OSEP's 09-02 Memo. The MITP's child outcomes data are consistent with national data (if not slightly higher) and have been deemed generally valid and accurate by ECTA.

Specific data findings have led to the MITP and its stakeholders concluding that there is a need to increase positive social-emotional development of infants, toddlers, and preschool-age children with disabilities. These include:

- The school readiness gap for children in special education is largest in the area of social and personal development;
- The relation of Maryland children's well-being, compared to other states, is decreasing;
- Unlike other races, African American children without MA were not more likely to make substantial progress in positive social-emotional development than African American children with MA;
- African American children are least likely to be fully ready in the social-emotional domain and the most likely to be suspended in school;
- Approximately 5 times as many preschoolers were suspended in FFY 2011 compared to FFY 2010 and approximately 4 times as many preschool-age children were suspended in FFY 2012 compared to FFY 2010;
- Social-emotional development was one of two school readiness domains that did not show improvement from 2012/2013 to 2013/2014;
- Almost half of LITPs are below the state target for positive social-emotional skills summary statement #1; and
- Most LITPs self-identified a need for additional social-emotional training.

Analysis of Infrastructure to Support Improvement and Build Capacity

Stakeholder Involvement

The MITP engaged in a systemic process to analyze the capacity of Maryland's infrastructure to support improvement and build capacity at the local level in relation to the SIMR. Prior to meeting with external stakeholders, internal stakeholders generated a description of each of the seven infrastructure components described below. With the help of its stakeholders, the MITP analyzed its current infrastructure and examined the capacity of the infrastructure to support improvement at both the state and local levels, using the Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analyses. It should be noted, however, that stakeholders decided to discuss the components of Professional Learning and Technical Assistance together and for that reason they are combined in the discussion below.

Infrastructure analyses with internal and external stakeholders occurred at two workgroups and meeting notes were shared with all stakeholders after the meetings. All stakeholders were invited to attend each meeting and then given the opportunity to provide input in the infrastructure analysis after meeting notes were distributed. These stakeholders will be instrumental in supporting the MITP to implement Phase 2 of the SSIP.

The specific attendance of stakeholders at those workgroups is indicated below.

Internal Stakeholders

Stakeholder	9/19/14	10/2/14
MITP Program Manager, Section Chief for Policy and Data, DSE/EIS	X	X
Birth through Five Section Chief, Preschool Coordinator, DSE/EIS		X
Birth through Five Quality Assurance Specialist, DSE/EIS	X	X
Director of the Office of Childcare at MSDE, DECD		X
Birth through Five Education Program Specialist, DECD	X	
Consultant	X	

External Stakeholders

Stakeholder	9/19/14	10/2/14
Parents		X
LITP Directors	X	X
Preschool Coordinators	X	X
Directors of Special Education		X

Local Program Supervisors	X	X
Early Intervention Providers	X	X
State Interagency Coordinating Council	X	X
Institutes of Higher Education	X	X
Department of Health and Mental Hygiene		X
Head Start		X
Early Head Start		X
Advocacy Groups	X	X
Maryland Chapter of the American Academy of Pediatrics	X	X
Division of Early Childhood Development/Child Care	X	X
Maryland Insurance Administration		X
Homeless Education	X	X
Foster Care		X
Mental Health	X	X
Governor's Office for Children		X
Maryland Family Network		X
Maryland Developmental Disabilities Council	X	X
Maryland Screening Consortium Members	X	X
LICC Chairs/Members	X	X

In addition to the stakeholder workgroup meetings above, internal MSDE stakeholders representing the State Superintendent's Executive Team received a presentation on the IDEA State Systemic Improvement Plan process on February 5, 2015. The Executive Team includes the Assistant State Superintendent from each MSDE division, as well as the Chief Performance Officer, Chief Academic Officer, and Chief Operating Officer. During the meeting, attendees reviewed and participated in a combined SWOT analysis for Part C (Early Intervention Services, Birth - 4) and for Part B (Special Education, 3 -21). For this meeting it was decided for several reasons to combine the Part C and Part B SWOT analyses. An important reason was that the MSDE, DSE/EIS is responsible for both Part C and Part B programs. As such, the Division has a strategic plan that spans the birth through 21 early intervention and special education services. It was decided that taking this unified approach with the representatives of the Executive Leadership provided a comprehensive approach to address both infrastructure analysis and to begin to consider Phase 2, infrastructure development. By approaching the infrastructure analysis in this unified manner, stakeholders were able to see the extent to which there were cross program strengths and opportunities for improvement.

Overview of Maryland's Infrastructure

Early intervention and education has been a critical part of Maryland's commitment to promote the success of every young learner, including the development of their social-emotional skills. The MSDE is the lead agency for the MITP (Part C of the Individuals with Disabilities Education Act), with interagency coordination through the Department of Mental Health and Hygiene, the Department of Human Resources, the Department of Disabilities, and the Governor's Office for Children. The MSDE became the lead agency for the Part C program in 1997, and in 2005 all other early childhood programs were placed under the umbrella of the MSDE, allowing for increased collaborative efforts and support for all young children, including infants, toddlers, and preschoolers with disabilities.

At the MSDE, the DSE/EIS coordinates the Maryland Infants and Toddlers Program. The MSDE, DSE/EIS provides leadership, support, and accountability for results to Local School Systems (LSS), Public Agencies (PA), and stakeholders through a seamless, comprehensive system of coordinated services to children and youth with disabilities, birth through 21, and their families. The MSDE, DSE/EIS's bold vision is for all children, including children with disabilities, to be ready for school, achieve in school, and be prepared for college, careers, and community living as a result of their participation in Maryland's early intervention and special education programs.

Extended IFSP Option

In 2009, the MSDE, MITP received a $14.4 million grant from the United States Department of Education, Office of Special Education Programs (OSEP) as part of the American Recovery and Reinvestment Act (ARRA). The grant money provided Maryland the opportunity to implement the Extended IFSP Option, giving families the choice for their child to remain on an IFSP after age three. To be eligible for the Extended IFSP Option, children must currently be in the MITP before age 3 and be found eligible for Part B preschool special education services.   Families of eligible children are able to continue receiving services on an IFSP until the beginning of the school year following the child's fourth birthday. However, at any time a family may choose to end IFSP services and transition to preschool special education services delivered through an IEP. Once the family makes the choice, through written notification, to terminate services through an IFSP and pursue services through and IEP, the choice to return to services on an IFSP is no longer available.

The Extended IFSP Option combines family education, service coordination, and year-round services with special instruction, in the form of educational outcomes to promote school readiness. The extension of IFSP services beyond the third birthday incorporates the strength of special education/preschool education program with the existing Infants and Toddlers Program's family-centered model. Since Maryland began offering this family choice, over 8,000 families have elected to remain on an IFSPs after age 3.   The implementation of the Extended IFSP Option has been a catalyst in Maryland's mission of creating a seamless and comprehensive statewide system of coordinated early intervention and education services, for young children with disabilities birth through five and their families, and to narrow the school readiness gap.

The DSE/EIS Strategic Plan

Rolled out in October 2013, the DSE/EIS strategic plan, *Moving Maryland Forward*, is a five-year plan designed to guide the work of the DSE/EIS and the MSDE, compel stronger interagency and intra-agency collaboration in support of children and families, and serve as a necessary resource for partners and stakeholders. *Moving Maryland Forward* was developed and informed by the innovative thinking of stakeholders across Maryland, including Local School System superintendents, special education directors, LITP directors, preschool special education coordinators, instruction and curriculum specialists, family advocates and support coordinators, parents, and community partners. The plan focuses essential resources, expertise, and support on narrowing the achievement gap between Maryland's children with disabilities and their nondisabled peers.

Moving Maryland Forward is implemented through the four core functions of the MSDE, DSE/EIS, which include Leadership, Accountability For Results, Technical Assistance and Program Support, and Fiscal and Resource Management. The plan consists of four Action Imperatives: Early Childhood; Professional Learning; Access, Equity, and Progress; and Secondary Transition. These Action Imperatives are addressed through each of five branches in the MSDE, DSE/EIS cross-matrix leadership structure and are critical for narrowing the gaps in school readiness, school achievement, and readiness for adult life after school. These gaps will be narrowed through four key strategies: Strategic Collaboration, Family Partnerships, Evidence-Based Practices, and Data-Informed Decisions.

The MITP has integrated the key components of *Moving Maryland Forward* into its SSIP. Improvement strategies are discussed in the context of the *Moving Maryland Forward's* four key strategies. Additionally, the MITP's Theory of Action was written to include the four core functions of the MSDE, DSE/EIS.

Race to the Top: Early Learning Challenge Grant (RTT-ELCG)

On December 16, 2011, Maryland received a four-year, $50 million grant award from the United States Department of Education under the national Race to the Top – Early Learning Challenge (RTT-ELC) grant competition. The RTT-ELCG program supports states in building statewide systems that raise the quality of early learning and development programs and increases access to high-quality programs for children with high needs, so that all children can enter kindergarten ready to succeed. The RTT-ELCG in Maryland consists of ten projects with the following goals:

1. Project 1: Create 24 local early childhood councils.
2. Project 2: Implement a Tiered Quality Rating and Improvement System (TQRIS) for all early learning and development programs.

3. Project 3: Build capacity for quality, including the Making Access Happen project.
4. Project 4: Revise the existing early learning standards to align with Maryland's College and Career Readiness Standards (MCCRS).
5. Project 5: Conduct professional development to promote the use of early learning standards by all early learning and development programs.
6. Project 6: Revise Maryland's comprehensive assessment system in early childhood, including the Maryland Model for School Readiness.
7. Project 7: Support children's health and behavioral needs through early intervention and prevention programs. Maryland's Early Childhood Mental Health Consultation in Pediatric Care provides detection and intervention by pediatricians and family practitioners.
8. Project 8: Create a coalition for family engagement.
9. Project 9: Establish Leadership Learning Academies to enable early childhood educators who work with children ages 4 to 7 to learn rigorous, yet developmentally appropriate instructional practices that support the MCCRS.
10. Project 10: Expand the Early Care and Education Data System. To enhance professional development processes, the Child Care Automated Tracking System will be expanded to provide access to professional development plans, applications for grants and incentives, and an online training approval application.

Several projects have important linkages to the MSDE, DSE/EIS and the infants, toddlers, and children receiving early intervention or special education services that are worth noting in more detail:

Project 1 – Local Early Childhood Councils: Local Early Childhood Councils in all 24 Maryland jurisdictions have coordinated grant efforts and developed local action plans to improve school readiness for all children, including children with disabilities. Many councils are specifically targeting enhanced results for young children with disabilities and are beginning to engage in specific initiatives targeting this specialized population. Collaboration between Local Early Childhood Councils and Local Interagency Coordinating Councils is recommended as best practice in supporting young children with disabilities and their families.

Project 2 – Tiered Quality Rating and Improvement System (TQRIS): The focus of this project is to enhance and administer a full-scale implementation of the TQRIS called Maryland EXCELS with the ultimate goal of increasing the quality of childcare for all children in Maryland. Maryland EXCELS offers families with disabilities information on identifying and selecting high quality childcare programs that meet their child's individual and unique needs.

Project 3 – Quality Capacity Building: The RTT-ELCG provided fiscal resources to the MSDE, DSE/EIS to implement the Making Access Happen initiative. Making Access Happen was designed to increase the participation of three- to five-year-old children with disabilities in public and private community-based early care and education settings through the delivery of job embedded professional development. At the heart of expanding access in the Making Access Happen program is the development of practitioners' skills in universal design for learning (UDL) and collaborative practices to narrow the school readiness gap for all children. The

project uses a training-of-trainers reflective coaching model to build local program capacity through enhanced professional learning, including the use of video. With Birth - Five early intervention/preschool special education taking the lead, local early care and education partners work in collaboration to build capacity through ongoing professional learning on evidence-based practices to expand access and promote positive school readiness outcomes for young children with disabilities.

Project 4 – Early Learning Standards and MCCRS: In this project, stakeholder groups, including state and local representation from preschool special education, convened to create the alignment to MCCRS and develop the Guide to Early Childhood Pedagogy. Resources, references, and early learning strategies address inclusive and fully accessible curriculum strategies to meet the needs of young children with disabilities.

Project 6 – Early Childhood Assessment: Part of this project includes the implementation of developmental screening by licensed childcare programs and providers with the goal of identifying children with developmental delays and disabilities. Beginning July 1, 2016, all licensed programs and providers will be required to conduct a developmental screening for all children within 90 days of entry into childcare. In addition to the developmental screening at entry, children birth to three will be screened twice annually and children three years to kindergarten entry will be screened once annually.

Project 7 – Children's Health and Behavioral Needs: Part of this project focuses on expansion of SEFEL for use by Early Care and Education Providers and families with young children. Training as part of Project 7 provides strategies for successfully meeting children's individual needs in areas of social and emotional development and to support the early identification of young children with potential delays in social and emotional development. Data analysis continues to guide future efforts to reduce the school readiness gap for children with disabilities.

Project 9 – Leadership Learning Academies: This project promotes rigorous, yet developmentally appropriate teaching practices for early childhood. These Academies include specialized and general educators, including early care and education partners, to create a continuity of instruction across early childhood general and special education.

The RTT-ELCG has served as a vehicle for increased collaboration between the Division of Early Childhood Development and the Division of Special Education/Early Intervention Services. With a focus on high needs populations, many initiatives have been inclusive of young children with disabilities and their families. The MITP is integrating and aligning specific components from the RTT-ELCG into the State Systemic Improvement Plan.

Infrastructure Components
The MSDE, DSE/EIS considers infrastructure to be comprised of seven major components. Each component contributes to performance data in Maryland. The components are governance, accountability/monitoring for results, data, fiscal, quality standards, professional learning, and technical assistance. Since the components of professional learning and technical

assistance are very closely related, they are discussed together in this analysis. For each component the MITP has provided an overview of the State's structure based on the analysis conducted by the MITP and its stakeholders, as well as a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis. The SWOT Analyses were completed in stakeholder workgroups and then sent to additional stakeholders for further feedback. The results from the SWOT Analyses are summarized in chart form within each infrastructure component.
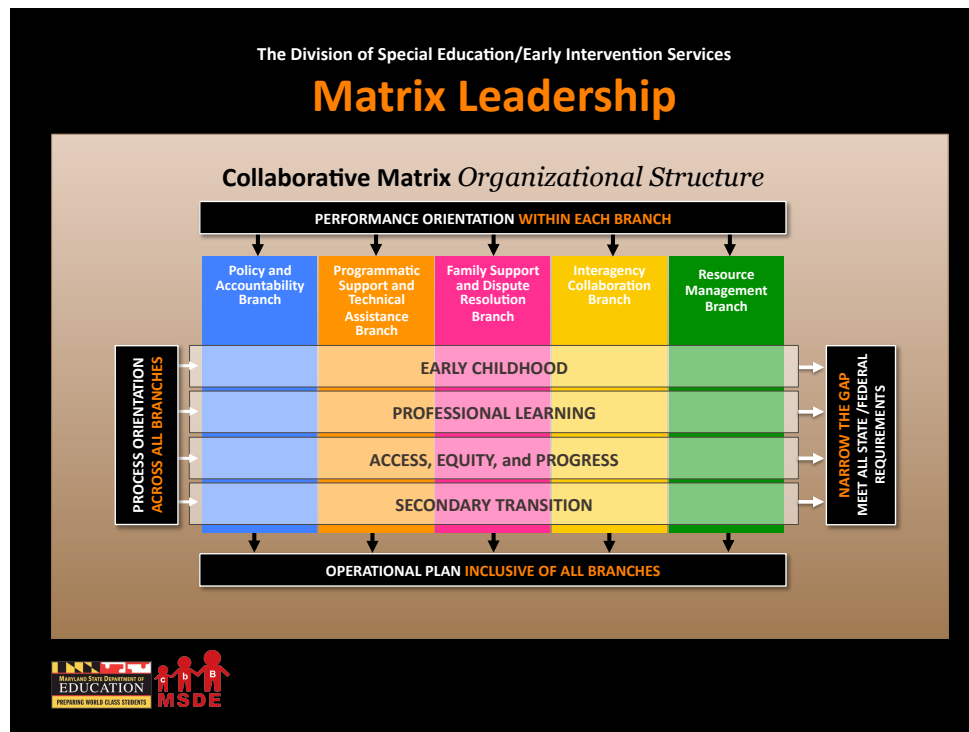
Governance Component

In Maryland, 24 LITPs implement a family-centered early intervention program for young children with developmental delays and disabilities and their families, through coordination with the Maryland School for the Deaf and the Maryland School for the Blind as well as local interagency partners. The Local Lead Agency (LLA) in 19 jurisdictions is the Local School System (LSS), while in 5 jurisdictions it is the local health department, with each LITP having a single point of entry. Governed by the federal IDEA through the Code of Federal Regulations (CFR) and the Code of Maryland Regulations (COMAR), services are provided by LITPs to infants, toddlers and preschoolers (birth – age 4) and their families. Maryland is the only State implementing the Extended IFSP Option offering families of eligible children the choice to remain on an IFSP after age three, until the beginning of the school year following the child's 4th birthday [COMAR 13A.13.01.03(B)(29)(b)].

A robust State Interagency Coordinating Council (SICC) that includes family members actively engages, advises, assists, coordinates, and collaborates with the MSDE regarding the provision of services for children with disabilities birth through age five. Local Interagency Coordinating Councils (LICCs) serve the same role for the 24 LITPs. Annually, a joint SICC/LICC meeting provides the opportunity for communication, collaboration and relationship building with stakeholders, including families and partners at all levels.

Organizational/Administrative Structure

 The MSDE, DSE/EIS organizational structure is based upon principles of collaboration and shared responsibility. The Division is organized by five branches: Policy and Accountability; Programmatic Support and Technical Assistance; Family Support and Dispute Resolution; Interagency Collaboration; and Resource Management. Birth through five staff are integrated within each branch. The Division matrix organizational design integrates knowledge and skills for improvement of compliance and results, and ensures consistent communication within the DSE/EIS, throughout the Department, and with external stakeholders and partners. A monthly Cross-Divisional Birth-Five meeting enhances communication and collaboration.

The Division of Special Education/Early Intervention Services

Matrix Leadership

Through the implementation of cross-matrix leadership, the Division is committed to the following essential principles in order to improve results and functional outcomes for all children and youth with developmental delays and disabilities and their families:

- **Transparency:** Maintaining an open door to stakeholders and regularly keeping our stakeholders informed through formal and informal feedback loops, including quarterly birth through twenty-one special education and early intervention leadership meetings, the Annual Leadership Conference/Professional Learning Institute, meetings of the Assistant State Superintendent's Advisory Council, and regularly scheduled convening of advisory groups, including the State Interagency Coordinating Council, Special Education State Advisory Committee, and the Education Advocacy Coalition. Division staff also meet with birth through five family support providers in each local jurisdiction, including two statewide meeting and several regional meetings, annually.

- **Collaboration:** Continually engaging stakeholders through participatory processes that promote innovation, the sharing of best practices, and dissemination of research and evidence-based models. We are also committed to strengthening partnerships and planning with other MSDE Divisions and external stakeholder groups.

- **Equity, Excellence, Efficiency**: Serving stakeholders in a timely and effective manner, ensuring the availability of 'real-time' data for effective decision-making, and accelerating dissemination of models of best practices quickly and effectively throughout Maryland.

- **Accountability:** Improving results for all infants, toddlers, and preschool age children with developmental delays and disabilities served in LITPS. The MSDE, DSE/EIS has developed a tiered system of analysis, monitoring, and support to identify LITPs in need of differentiated support and technical assistance. Further detail about the State's accountability processes are described in the Accountability section below.

IDEA Requirements

The MSDE, DSE/EIS has the responsibility under the IDEA to have a comprehensive system of general supervision that monitors the implementation of the IDEA, State laws, and applicable federal and State regulations. The MSDE, DSE/EIS conducts comprehensive early intervention record reviews to ensure LITPs are correctly implementing the regulatory requirements of the IDEA and COMAR. The State's monitoring protocols are discussed in further detail in the Accountability/Monitoring for Results Infrastructure Component section.

The IDEA provides parents certain rights and procedural safeguards. These safeguards include formal dispute resolution requirements, such as mediation, formal complaints, resolution sessions, and due process hearings. The MSDE, DSE/EIS collects and analyzes data on an ongoing basis using the parent contact and dispute resolution database to ensure effective statewide implementation of the dispute resolution system.

Effective Policies, Procedures, and Practices

Maryland has policies and procedures aligned with the IDEA, 34 CFR §303, Maryland State law, and the Code of Maryland Regulations (COMAR) to support the state implementation of the IDEA. Each LITP is responsible for developing policies, procedures, and practices for effective implementation in accordance with federal and State requirements to ensure the provision of a Free Appropriate Public Education (FAPE) in the Natural Environment (NE). The MITP has embedded the review of LITP policies, procedures, and practices within existing components of general supervision.

Below is the SWOT Analysis for Governance completed by stakeholders:

Strengths	Weaknesses
- Extended IFSP provides a more seamless birth through five system of services - Online IFSP data system – IFSP, referral, and family information is available for all children/families - Early Childhood Intervention and Education staff and the Division of Early Childhood Development in same department - Matrix leadership w/early intervention in all Branches in the DSE/EIS - Braided funding Initiative, combining	- Variability among jurisdictions - Collaboration between the DSE/EIS and the Division of Early Childhood Development, (however, it is improving). - Lack of needed staff support; hiring freezes and budget cuts - Administrative burdens and increasing paperwork - Not all the "players" are known – organizations; agencies; groups, etc.

resources ● Making Access Happen (MAH) Project ● State Interagency Coordinating Council (SICC) and other stakeholders play a major role in system development ● Birth mandate state – no cost to families ● Broad eligibility criteria – greater percentage of children served in Maryland than in many other states	
Opportunities ● State Interagency Coordinating Council (SICC) ● Evolving collaboration between the Division of Special Education/Early Intervention Services (DSE/EIS) and the Division of Early Childhood Development ● Transition to results based outcomes ● Maryland Learning Links website ● Grant Initiatives ● Local Early Childhood Councils ● Assistant State Superintendent with Early Childhood expertise and passion ● Partnerships for less administration/procurement issues ● State/local silos: May be broken by local Early Childhood Advisory Councils and Local Interagency Coordinating Councils ● Change from compliance-driven to results-driven accountability	**Threats** ● Change in State Leadership in Annapolis (potential) ● Competing interests of stakeholders

Accountability/Monitoring for Results Component

Maryland's System of General Supervision

The MSDE, DSE/EIS comprehensive system of general supervision is the *Differentiated Framework* and illustrates the shared responsibility and shared accountability to improve results for children and youth with disabilities. This framework utilizes comprehensive information from the Monitoring for Continuous Improvement and Results (MCIR) process to assign every LITP to one of four tiers, each with a defined level of general supervision and differentiated engagement. This section describes the MCIR, the general supervision components of the four tiers of the Differentiated Framework, and the SWOT analysis conducted with stakeholders.

Monitoring for Continuous Improvement and Results (MCIR)

The Office of Special Education Programs (OSEP) has revised its monitoring priorities to ensure a balance between compliance and results by placing a greater emphasis on accountability and technical assistance (TA) activities that focus on improving the MSDE capacity to develop,

strengthen, and support improvement at local levels. In response to OSEP's shift in monitoring priorities, the MSDE, DSE/EIS has revised its monitoring procedures and now has increased the emphasis on requirements related to improving educational results for children and youth with disabilities. This is accomplished through Maryland's Monitoring for Continuous Improvement and Results (MCIR) process. The primary focus of the MCIR process is to improve educational results and functional outcomes for all children and youth with disabilities and their families and ensuring that the MSDE meets the program requirements within IDEA.

The MSDE, DSE/EIS utilizes qualitative and quantitative results from multiple sources and processes to make monitoring decisions. While some monitoring activities are universal for all, other monitoring activities are customized to examine areas of need. These areas are identified through a variety of sources such as, but not limited to:

- State Performance Plan performance;
- Indicator data verification;
- Other data reviews;
- Policy and Procedures reviews;
- Grant reviews;
- Fiscal data;
- Medicaid monitoring;
- Family support data;
- State complaints; and
- Advocacy organization concerns.

Each LITP is monitored annually through a desk audit, data verification, and cross-divisional data analysis of SPP Indicators, local priorities, and fiscal data. Additionally, cyclical comprehensive monitoring occurs at least every 6 years in each LITP. The purpose of comprehensive monitoring is to ensure the LITPs:

- Have policies and procedures in place that are consistent with State and federal regulations;
- Are compliant with the State and federal regulations;
- Have a system of general supervision in place to monitor child progress and make data informed decisions; and
- Are focused on improving outcomes for infants, toddlers, and preschool age children with developmental delays and disabilities, and their families.

Monitoring at any time may be conducted either off-site as a desk audit or on-site depending on the nature of the monitoring activities. The method selected is dependent upon the activity and the information that is or is not accessible online and the practicality involved in acquiring the necessary documents needed for the review.

Desk Audit

A desk audit refers to a review of data, IFSPs, or other sources of information used in monitoring conducted by MSDE, DSE/EIS staff. It may be the single method used to complete a review or may be used in combination with an on-site visit. After the completion of the desk audit, the

MSDE, DSE/EIS staff may request further documentation or data to clarify potential findings of noncompliance or verify correction of noncompliance.

On-Site Monitoring

On-site monitoring refers to a review of data, IFSPs, or other sources of information used in monitoring conducted by the MSDE, DSE/EIS staff within the LITPs. On-site monitoring is specifically used to carry out those activities that are not practical to complete through a desk audit by the MSDE, DSE/EIS staff. Examples of on-site monitoring may include but are not limited to a review of early intervention records for Medicaid monitoring, provision of related services, data-entry verification, etc.

Case Study Reviews

The MSDE, DSE/EIS staff conducts case study reviews of an individual child's early intervention record. This allows the reviewer to gauge/conclude whether the child is being provided with appropriate services, which is evidenced by continued growth and progress towards child and family outcomes.

Interviews

Interviews are conducted with service providers and parents. This measures consistency of implementation and understanding of practices across the local program. Additionally, the MSDE, DSE/EIS staff are able to ascertain the knowledge of local program staff pertaining to the implementation of the child's IFSP and the responsibilities of staff.

Data Verification

The MCIR process verifies data, documents compliance with both the IDEA and the COMAR regulatory requirements, and provides technical assistance for the timely correction of identified findings of noncompliance. Findings of noncompliance concerning the records of individual children with disabilities always result in verification of correction using a two-prong process. First (Prong 1), the records in which the noncompliance was first identified are reviewed to determine that correction has occurred, or, the requirement was completed (for timeline violations), unless the child is no longer within the jurisdiction or the parent has withdrawn consent. Then (Prong 2), a subsequent review of a sample of records is conducted by the MSDE, DSE/EIS to determine the level of compliance. If both reviews result in 100% compliance, then correction has been achieved and the corrective action is closed.
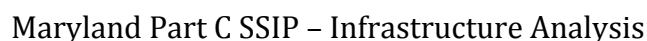
Directed Onsite Visits

The MSDE, DSE/EIS reserves the right to conduct a directed onsite visit at any time based on multiple sources of data indicating potential concerns, evidence of repeated concerns, or a pattern of concerns over time. These concerns may come from examining data reported to the MSDE as part of the accountability system and other sources of information, such as interactions and conversations with parents, advocates, and/or district personnel. The purpose of the directed onsite visit is to monitor compliance and identify areas of need. The scope of each directed onsite visit is based on presenting concerns including relevant regulatory requirements. This is

determined on a case-by-case basis and may include a targeted review of any of the following: SPP/APR Indicators, 618 data, fiscal management, IDEA requirements, or implementation of any other State and federal regulatory requirements.

Ongoing technical assistance may be provided to support improvement efforts, based on needs identified during any and all monitoring activities. Annually, comprehensive information from the MCIR process is used to assign each LITP to one of four tiers of general supervision and engagement within the Differentiated Framework.

Linking Funds for Program Improvement

The MITP, as part of its annual application for local funding requirements, requires that LITPs assign funding to areas of noncompliance or poor performance.   Funding is required to be linked to improvement if the data show a history of two or more required Corrective Action Plans (CAP) for a Compliance Indicator over a two-year period, data result in the assignment of a CAP for the most recent data period, and/or data show a history of not meeting the State target for a Results Indicator, as determined by the requirement of an Improvement Plan in two or more data periods over a two-year period.

Differentiated Framework

Each LITP is unique, and their needs for general supervision and engagement from the MITP vary greatly depending upon numerous factors. Results Driven Accountability (RDA) allows the MSDE, DSE/EIS staff to monitor and provide technical assistance and support to programs in a more effective, efficient, and systematic manner. The MSDE, DSE/EIS has aligned its general supervisory responsibilities with engagement for program support and technical assistance to provide a four-tiered system of monitoring and supports to address the needs of each LITP. Each tier of the framework contains two components: general supervision and engagement. The corresponding support/engagement an LITP can expect to receive is differentiated and based on that agency's assigned tier of supervision.

The Differentiated Framework's four tiers support the Division in directing attention to LITPs in need of more comprehensive engagement, technical assistance, and support in order to enable those programs to meet indicator targets, improve results, narrow the achievement gap, correct identified noncompliance, and maintain compliance. This represents the foundation of a comprehensive Multi-Tiered System of Support (MTSS) to integrate a continuum of resources, strategies, structures, and practices.

An LITP is assigned to a tier based upon performance on SPP/APR compliance and results indicators, correction of noncompliance, analysis of data, fiscal management, and findings identified through monitoring. This information is used to provide differentiated technical assistance that focuses on building capacity to improve results and directs State resources to those LITPs that are the lowest performing (See also Professional Development/Technical Assistance Infrastructure Component). At the same time, LITPs that are achieving success are recognized and provided with the support needed to publish and disseminate successful best practices.

A majority of the LITPs are currently in the **Universal Tier of General Supervision**. This represents LITPs that have met identified performance and compliance criteria, resulting in a determination status of "Meets Requirements" or are in the first year of "Needs Assistance." The LITPs assigned to the Universal Tier of General Supervision have no findings of noncompliance or have corrected all findings of noncompliance within one year and have maintained compliance.

The *Universal Tier of Engagement* is statewide professional learning and technical assistance to support statewide needs based on overall State trend data (e.g., performance on SPP Indicators, child outcomes, and student achievement). This includes general information related to early intervention and special education policies, procedures and practices, as well as the general work of the MSDE. Examples of statewide technical assistance include State and regional professional learning, online tools, resources through the Maryland Learning Links website, Q&A Documents, and Technical Assistance Bulletins.

An LITP receiving a determination status of "Needs Assistance" for two or more consecutive years or "Needs Intervention" is assigned to the **Targeted Tier of General Supervision**. An LITP in this tier may have an active Corrective Action Plan(s) (CAPs) for identified noncompliance, and/or, although noncompliance may be corrected within one year, compliance is not sustained.

Targeted monitoring occurs semi-annually and includes customized data analysis with real-time local and State data. Activities may include, but are not limited to: early intervention record reviews using selected sections of the MSDE, DSE/EIS record review document, a review of policies, procedures, and practices, a review of the LITP's system of general supervision, interview questions, and/or case studies. State and local joint cross-departmental and cross-divisional teams are formed to address identified needs. The LITP develops a local Improvement Plan, which is submitted to and approved by the MSDE, DSE/EIS.

The *Targeted Tier of Engagement* focuses on professional learning and support (training, coaching, and technical assistance) to address the needs of the LITP on specific topics identified through general supervision. It is a responsive and proactive approach to prevent the LITP from needing substantial support. The LITP leadership is required to engage with the Division to review State and local data and information in order to implement an Improvement Plan that is approved by the MSDE, DSE/EIS to build capacity to effectively address the identified needs. Evaluation and periodic feedback are critical elements of Targeted Engagement. A Targeted Assistance and Support Committee (TASC) consisting of jointly identified local and state cross-Divisional members provides performance-based and responsive support.

Continuing up the *Differentiated Framework* tiers, an LITP with a determination status of "Needs Substantial Intervention" is assigned to the **Focused Tier of General Supervision**. These LITPs continue to have findings of noncompliance, have active CAPs for two or more years, and demonstrate little progress despite general and targeted technical assistance.

Focused monitoring is comprised of enhanced and differentiated monitoring and in-depth data analysis, and requires the participation of the State and local superintendent as well as identified stakeholders. Focused monitoring occurs quarterly and may include, but is not limited to: early intervention record reviews using selected sections of the MSDE, DSE/EIS record review document, a review of the LITP's real time data, a review of policies, procedures, and practices, a review of the LITP's system of general supervision, interview questions, provider observations, and case studies. A Focused and Comprehensive Action Plan is jointly developed by the LITP and the MSDE, DSE/EIS.

The State Superintendent and the MSDE, DSE/EIS Assistant State Superintendent work closely with the local School Superintendent or local Lead Agency Head to develop a cross-departmental, cross-divisional State and local implementation team. The MSDE provides increased oversight activities to assess progress and may direct federal funds, impose special conditions, and/or require a regular submission of data. The LITP leadership is required to participate in a quarterly joint State and local Focused Intervention and Accountability Team (FIAT) meetings to review progress.

At this level, the goal of the *Focused Tier of Engagement* is to direct substantial support to address the continuous lack of improvement of the LITP through significant systems change. A multi-faceted State and local leadership team meets regularly to develop and implement an action plan designed to affect systems change in policy, program, instructional practices, and professional learning at multiple systems levels. Principles of effective systems change, implementation, evaluation, and sustainability are foundational elements of the technical assistance. Frequent feedback and general supervision is maintained throughout the provision of the technical assistance.

At the highest tier, the *Intensive Tier of General Supervision*, an LITP fails to progress and correct previously identified noncompliance despite receiving technical assistance and support.

The failure to comply has affected the core requirements, such as the delivery of services to infants, toddlers, and preschool age children with developmental delays and disabilities or to provide effective general supervision and oversight. The LITP enters into a formal agreement with the MSDE to guide improvement and possibly additional sanctions. The LITP informs the MSDE of its unwillingness to comply with core requirements.

The **Intensive Tier of Engagement** focuses on providing support based on a Formal Agreement that is developed to guide improvement and correction with onsite supervision. The MSDE may direct, recover, or withhold State or federal funds.

Below is the SWOT Analysis for Accountability/Monitoring for Results completed by stakeholders:

Strengths	Weaknesses
- Online IFSP data system allows for supervision of state, local, and provider level data - State oversight of data system - Linking funds for program improvement requirement in the application for local funds - Posting of data/outcomes leads to accountability - Stakeholders involved in discussions of monitoring and determination criteria - Looking at outcomes regularly - Tiers of General Supervision and Engagement	- Compliance driven but starting to focus more on outcome data and IFSP quality - Lack of longitudinal child outcomes data due to change in data collection methodology - Determining child and family outcomes related to specific early intervention providers - Variability in/across jurisdictions - Different personnel - Different focuses/priorities
Opportunities	Threats
- Refine data for all the variables - Online IFSP data system - Developmental screening initiatives - Stakeholder input and receptiveness to partnerships within the Maryland Infants and Toddlers Program (MITP) - Extended option offers focus on children who might have fallen through "cracks" - IFSP Quality Reflection tool in development	- Developmental screening - Lack of state and local resources to fully implement the SSIP process - Some local program outcome data are low - Lack of collaboration with Early Childhood Mental Health Consultants and services

Data Component

In Maryland, all data related to SPP/APR reporting are available in the MITP's Online IFSP Database, with the exception of complaint data and family outcomes data. The former is collected from the MSDE, DSE/EIS Complaint Database, while the latter is collected through a State-funded vendor.

The Online IFSP Database is a secure web-based application that serves as the primary case management tool for service coordinators and service providers working with children and their families in the MITP. The main user function is the development and monitoring of Individualized Family Service Plans (IFSPs). IFSPs are entered into the Online IFSP Database through local users and the State has access to the IFSPs of all children receiving services through the MITP. In addition, local and state leaders can utilize the data analysis functions of the Online IFSP to generate both predefined and dynamic reports, including reports that display child outcomes progress, to assist with programmatic data-informed decision-making. Data collected at referral and from IFSPs for every eligible child and family are entered into the database by local staff. The MITP and the LITPs generate reports on a regular basis to monitor statewide and local compliance/results and audit for data validity and reliability.

Evidence that the data on the processes and results component is part of a State's or an LITP's system of general supervision and includes the following:

- Data are collected as required under the IDEA and by the U.S. Secretary of Education.
- Data are routinely collected throughout the year.
- The LITPs submit data in a timely and accurate manner.
- Data are available from multiple sources and used to examine performance of the LITPs.

State Performance Plan (SPP)

The SPP is the MITP's plan to improve the 11 results and compliance indicators established by the OSEP. This plan contains a description of the MITP's efforts to implement the requirements of Part C of the IDEA, including how it will improve performance on indicators. As part of the SPP, each indicator has a target set by the OSEP for compliance or by the State for results. All targets set by the State are approved by the SICC. The SPP is located on the MSDE website: www.mdideareport.org

Family Outcomes Survey

To collect family outcome information, the MITP uses survey questions recommended by the National Center for Special Education Accountability and Monitoring (NCSEAM). The survey includes 22 core questions followed by two demographic questions, including the relationship of the survey respondent to the child and the child's age when first referred to early intervention. Two additional questions are asked of parents of children who continued to receive services on an Extended IFSP after age three. Family survey data are collected, compiled, and analyzed by the MITP's vendor. The State and local programs with sample sizes greater than five are provided with a comprehensive dashboard that disaggregates the family outcomes data. Each dashboard analysis includes survey response rate, representativeness, responses, and results.

These dashboards are instrumental for understanding local program results, as well as overall family outcomes results statewide.

The MSDE, DSE/EIS Complaint Data

The IDEA provides parents certain rights and procedural safeguards. These safeguards include formal dispute resolution requirements, such as mediation, formal complaints, resolution sessions, and due process hearings. The Family Support and Dispute Resolution Branch collects and analyzes data on an ongoing basis using the parent contact and dispute resolution database to ensure effective implementation of the dispute resolution system.

Longitudinal Accountability Data Support System

The MSDE, DSE/EIS Longitudinal Accountability Data Support System (LADSS) encompasses the integration of statewide demographic and outcome data with special education and early intervention services data collection tools through a linked special education longitudinal data warehouse. The LADSS allows for progress monitoring, service logging, and embedded high quality professional development and supports.

The Division of Early Childhood Development Data Sources

- Ready at Five - Ready at Five annually publishes school readiness data, based on the performance of kindergarteners on the Maryland Model for School Readiness (MMSR) Work Sampling System (WSS). Children are identified as either fully ready, approaching readiness, or developing readiness in seven domains of learning: Language and Literacy, Physical Development, Social Studies, Scientific Thinking, Mathematical Thinking, The Arts, and Social/Personal Development. Statewide Readiness Data are published on the organization's website, found here http://www.readyatfive.org/school-readiness-data/statewide-readiness-data-2014.htmlhttp://www.readyatfive.org/school-readiness-data/statewide-readiness-data-2014.html

- Maryland EXCELS - Maryland EXCELS is a Quality Rating and Improvement System (QRIS), that awards ratings to registered family childcare providers, licensed childcare centers (e.g., Head Start, Letter of Compliance facilities, and school age-only childcare), and public pre-kindergarten programs that meet increasingly higher standards of quality identified areas. Maryland EXCELS is currently voluntary and is designed to increase parent and provider awareness of the key elements of high quality childcare. A database has been created to collect the QRIS data for continual monitoring and analysis of high quality childcare.

Below is the SWOT Analysis for Data completed by stakeholders:

Strengths	Weaknesses
● Online IFSP data system provides real time data and advanced reporting capabilities	● Quality of child outcomes data – need competency check for Child Outcome Summary

● State staff provide data results in various ways for local jurisdictions and State Interagency Coordinating Council (SICC) ● Annual Birth through Five Legislative Booklet highlighting early intervention and preschool special education data and accomplishments ● Real time data ● IFSP Users Group, stakeholder involvement in development of IFSP requirements, and database specifications ● High response rates for family survey	● Aggregation of data leads to heterogeneity and inability to break things down further ● Data system allows for only one eligibility category determination so data conclusions are difficult when children are eligible in more than one category (25% delay, atypical, high-probability condition) ● Lack of quality assurance/IFSP quality at local level in some jurisdictions ● Family Survey mainly includes those very happy or those who are very upset ● No current consistent way to verify the reliability of COS ratings – need COS Competency Check
Opportunities ● Greater use of parent survey data ● Potential longitudinal analysis with unique identifiers ● Multiple eligibility criteria (explore with outcomes) ● Greater interest in early childhood and early intervention by researchers and MSDE data ● Displaying/including levels of statistical significance when data shared ● Useful data are collected through the IFSP process ● COS Competency Check will ensure valid and reliable data across the state.	**Threats** ● Unknown consequences of results from better eligibility classification (related to only being able to use one eligibility classification). ● Potential misuse of data ● Greater interest in MSDE data by researchers

Fiscal Component

Within the MSDE, DSE/EIS, it is the primary responsibility of the Resource Management and Monitoring Branch working in conjunction with the Division of Business services at the MSDE to ensure effective procurement, use, and oversight of MSDE, DSE/EIS resources. This Branch also provides for the effective, fiscal subrecipient monitoring of all recipients of the IDEA grant funds throughout Maryland, including the LITPs, LSSs, PAs, and Institutions of Higher Education (IHEs). Through grants management staff, the Branch also ensures fiscal accountability in accordance with federal and State regulations for federal and State funds administered by the MSDE for the benefit of children with disabilities, ages birth through 21. The Branch assists LITPs and other subrecipients through the application, reporting, and fiscal management of those funds. Technical assistance relative to fiscal matters, is also provided to all LITPs and grant subrecipient agencies, as well as the monitoring of subrecipient compliance with State and federal grant regulations, including the Code of Federal Regulations, IDEA, Education

Department General Administrative Regulations, General Education Provisions Act, Office of Management and Budget Circulars, and COMAR. The Branch additionally provides data and information to the Division leadership in support of programmatic interventions and to facilitate funding determinations and resource allocations. The Branch is also responsible to manage major Special Education State Aid grants and to act as the Fiscal Agent for the Children's Cabinet Interagency Fund.

The MSDE, DSE/EIS system of general supervision includes oversight in the distribution and appropriate use of IDEA funds at both the state and LSS/PA level. As part of this system, the MSDE, DSE/EIS ensures that fiscal resources are directed to SPP indicator improvement, including child and family results, or the correction of noncompliance. The MSDE, DSE/EIS provides fiscal oversight and monitoring to determine if the LSS/PA has mechanisms and procedures for ensuring fiscal accountability in the distribution and use of IDEA funds; obligates and liquidates funds in a timely fashion; and appropriately manages maintenance of effort. Under the fiscal management of funds, the MSDE, DSE/EIS requires each LSS/PA to submit a Consolidated Local Implementation Grant (CLIG) for IDEA Part C and each LSS to submit a Local Application for Federal Funds (LAFF) for IDEA Part B. The MSDE, DSE/EIS requires that the application is developed with stakeholder input and approved by the local board of education and that midterm and final progress reports are submitted on time. Each LSS/PA is subject to a review of projects and expenditures.

The MSDE, DSE/EIS maintains fiscal responsibility using several strategies. To ensure fiscal certainty, the MSDE, DSE/EIS requires the development of strong Memorandum of Understandings (MOUs) documenting agency responsibility in the program. Additionally, the MSDE, DSE/EIS has implemented a ***Braiding Funds to Blend Programs*** strategy, which gives local programs the option to use discretionary funds to support one or more priorities to specifically focus on results. For the past 5 years, the CLIG has included a **"Linking Federal Funds to Program Improvement"** component. Local programs with poor results or patterns of noncompliance are required to designate funding toward improvement.

Below is the SWOT Analysis for Fiscal completed by stakeholders:

Strengths	Weaknesses
- Braiding funds strategy – combining resources - Birth mandate state – can use Part B funds on early intervention - Assistant Superintendent with passion for Early Childhood - Continued funding for Extended Option when no designated state or federal funding was available - Some Race to the Top – Early Learning Challenge Grant (RTT-ELCG) funding	- Level state funding for years - Fairly level federal funding - State continues to have "budget shortfalls" - Sustainability of Race to the Top – Early Learning Challenge Grant (RTTT-ELCG) efforts - As a birth mandate state, the MITP cannot charge family fees or bill private insurance for IFSP services

going to the MSDE, DSE/EIS to support access and quality ● Online IFSP data system provides real time data for fiscal decision making based on program needs ● Strong MSDE, DSE/EIS fiscal monitoring	
Opportunities ● New governor? ● Increased funding for public pre-kindergarten ● Focus on results may provide support for additional funding through data progress	**Threats** ● Increase in new referrals and numbers served with level funding ● Variability in local funding ● Hiring freezes

Quality Standards Component

Healthy Beginnings

In Maryland, *Healthy Beginnings: Supporting Development and Learning from Birth through Three Years of Age* are developmental and learning guidelines supporting a comprehensive high quality system of services for young children. These guidelines were developed to ensure that anyone who cares for infants and young children has the knowledge and resources to support and encourage children during the ongoing process of growth and learning. Specifically designed for caregivers of infants and toddlers from birth through age three, *Healthy Beginnings* provides knowledge and support around child care and child development, while an online Activity Planner provides fun, developmentally appropriate activities that build on young children's skills and promote all kinds of learning.

Over the past several years, the MITP has placed a strong focus on understanding typical development as Maryland moved to measuring child outcomes utilizing the Child Outcomes Summary (COS) process integrated into the IFSP process. The Healthy Beginnings indicators and activities have been incorporated into the Online IFSP as resource documents and as part of a "Typical Development Wizard." This allows IFSP teams to have immediate access to information about typical development crosswalked with the three early child outcomes.

Maryland's Early Learning Standards

Maryland's Early Learning Standards are now a part of Maryland's College and Career-Ready Standards. The State Board adopted these Standards in June 2010 and schools began implementing in the 2013-2014 school year. To align with the new state standards, Maryland is currently in the process of moving from The Maryland Model for School Readiness (MMSR) to Ready for Kindergarten (R4K)/Maryland's Early Childhood-Comprehensive Assessment System (EC-CAS). This research-based assessment and instructional system is designed to provide teachers, families, and the early childhood community with a common understanding of what children know and are able to do upon entering kindergarten. All kindergarten children, including children with disabilities, are assessed in the fall of their kindergarten year to

determine their level of readiness across seven domains. This assessment reflects the ability of each child to demonstrate skills, knowledge, behaviors, and interests that are indicators of future school success. The Division of Early Childhood Development/Early Learning Office coordinates and monitors the implementation of the R4K/EC-CAS at the local school level, provides professional development and technical assistance to the early childhood community, and analyzes and publishes the MMSR/R4K assessment results.

The newly implemented R4K provides a single coordinated system for recognizing the needs and measuring the learning progress (knowledge, skills, and abilities) of all children from 36 to 72 months (3 to 6 years of age) in seven domains of child learning: social and emotional development, physical development, language and literacy, mathematical thinking, scientific thinking, social studies, and the arts. The new Early Childhood - Comprehensive Assessment System/R4K has two components.

- The **Kindergarten Readiness Assessment (KRA)** is administered to all incoming kindergarteners, measuring school readiness in seven developmental domains. The KRA provides a snapshot of school readiness levels, making it possible to confidently determine if entering students have the knowledge, skills, and abilities required to succeed in kindergarten. The KRA also identifies the individual needs of children, enabling teachers to make informed instructional decisions. Maryland completed the first administration of the KRA in the fall of 2014 and results are still pending.
- The **Early Learning Assessment (ELA)** measures the progress of learning in young children, 36 to 72 months, across five levels of learning progressions across the seven domains. They describe the pathway that children typically follow as they learn or the sequence in which knowledge, skills, and abilities develop. Each child's progress is monitored along a continuum and tracked over time. In this way, early educators working with 3- and 4-year-olds can create individualized learning opportunities and plan interventions, if needed, to ensure that children are on the path of kindergarten readiness. At this time the ELA is still under development, with 2015 being the pilot year.

While the R4K is organized into 7 domains of learning, the MSDE, DECD's *Supporting Every Young Learner: Maryland's Guide to Early Childhood Pedagogy Birth to Age 8* emphasizes that executive functioning and self-regulation are the key to being successful in all seven domains. The Social and Emotional Development domain makes up almost one-third of the KRA and the ELA. This acknowledges, based on research, the strong role social foundations play in a child's readiness for school.

Maryland EXCELS

High quality childcare is important because the early years are critical when it comes to building social, emotional, and cognitive skills. The MSDE, DECD created Maryland EXCELS as part of the RTT-ELCG to increase the quality of child care programs in Maryland. Maryland EXCELS is a voluntary Tiered Quality Rating and Improvement System (TQRIS) that recognizes the accomplishments of early childhood and school age programs and providers. EXCELS has five levels that offer a pathway to high-quality and includes standards in different areas of early care and education, including licensing, learning environments, staffing and professional

development, developmentally appropriate learning and program practices, child assessment, program administration and policies, and accreditation.

The EXCELS program is beneficial for both families and child care providers because it provides information to families to help them choose a high quality child care and education program and articulates to the public the level of quality. Childcare providers participating in Maryland EXCELS have the opportunity to share information and resources about the quality of care in their program. Advertising an EXCELS level demonstrates to parents and the community that providers are committed to excellence and are continually working toward greater achievements.

Suitable Qualifications

The MSDE/MITP has established policies relating to the creation and maintenance of personnel standards pursuant to COMAR 13A.13.02.08(I) and 34 CFR §303.119. There are two components to Maryland's Personnel Standards for Early Intervention Service Providers:

1. Personnel providing early intervention services to eligible children and their families shall meet the highest requirements in the state that apply to the profession or discipline in which a person is providing early intervention services.

2. Personnel providing early intervention services under this part to eligible children and their families in excess of 15 percent of employment hours shall meet:

   a. Highest requirements in the state that apply to the profession or discipline in which a person is providing early intervention services; and

   b. Suitable qualifications.

Suitable qualifications (SQ) requirements include a minimum of 120 contact hours of documented pre-service and/or in-service training, as well as on-site consultation in nine competency areas. Identified competency areas focus on cross-disciplinary topics that are considered essential to providing family-centered early intervention services and include: Infant and Toddler Development (Typical), Infant and Toddler Development (Atypical), Infant and Toddler Assessment (Instruments), Infant and Toddler Assessment (Procedures), Family Assessment, Family Partnerships, Early Intervention Service Options, Strategies, and Instructional Practices, Team Process, and Service Coordination. At present, the MITP is working to revise the Personnel Standards document to include content indicators consistent with the Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings, 2008) and the DEC Recommended Practices (Division for Early Childhood, 2014).

Strengths	Weaknesses
 ● Local programs know child and family outcomes ● State is highly compliant ● Standards are publicly reported, stakeholders are involved ● Real time data system (online IFSP data system) ● Tailored state engagement to program needs ● Family outcomes survey and input ● Child Outcome Summary (COS) integration into the IFSP	 ● Passive complaint reporting ○ Parents don't know how to access ● As the number of Maryland Infants and Toddlers Program (MITP) staff has decreased, there is a less intimate relationship with the MSDE/MITP and local Infants and Toddlers Programs (LITPs) ● Question reliability of Child Outcome Summary (COS) without a competency check ● Professional development: local versus national perspective, lack of funds toward opportunity to attend. ● Services for children who are medically fragile – need more collaboration among agencies
Opportunities	Threats

● Child Outcome Summary (COS) process gives a better view of child for IFSP development
● Formal reporting and review of data
● Increase networking among local programs
● Coaching and mentoring (change in culture/adult learning styles)
● Opportunity to use information from Family Survey
● Emphasis on social-emotional development in the new Ready for Kindergarten Assessment
	
	● Providers not evenly prepared:
	  ○ Child Outcome Summary (COS)
	  ○ Adult learning styles to build family/caregiver capacity
	  ○ Child care provider communication/ coaching
	● Fear of change: new ways of thinking

Professional Learning and Technical Assistance Components

The MSDE, DSE/EIS has several key mechanisms in place to ensure that service providers are effectively providing services to improve results for infants, toddlers, and preschoolers with disabilities and their families. Discussed previously under Quality Standards, Maryland has a robust system of Personnel Standards. Other mechanisms to ensure quality services and improve results include Comprehensive System of Personnel Development (CSPD) Plans, the Tiered System of Engagement, and ongoing professional learning activities and resources.

Comprehensive System of Personnel Development (CSPD) Plans

Yearly, each Local Lead Agency (LLA)/LITP is required to submit a Consolidated Local Improvement Grant (CLIG) designated as the single grant mechanism through which local jurisdictions receive federal and State funds to implement local early intervention programs in compliance with federal and State regulations, policies, and procedures to support positive results. A requirement of the annual CLIG submission is a Comprehensive System of Personnel Development (CSPD) Plan describing how the local early intervention system provides and coordinates training and technical assistance on an interdisciplinary basis, to the extent appropriate for public and private providers, primary referral sources, Family Support Network/Preschool Partners Coordinators, parents, paraprofessionals, and service coordinators to improve outcomes for infants, toddlers, and preschool-age children with disabilities, including children in the Extended IFSP Option, and their families.

The CSPD Plan developed by each local jurisdiction includes, as appropriate, training on the basic components of the early intervention system; the coordination of transition services from the Infants and Toddlers Program to Preschool Special Education services, or another appropriate early childhood program; the implementation of evidence-based practices through early intervention service options, strategies and instructional practices; and the development, implementation, and incorporation of educational outcomes in the IFSP that promote school readiness, including pre-literacy, language, and numeracy skills. Training activities typically include parents together with early care and education providers and are intended to assist families and caregivers with enhancing specific areas of a child's development to support their participation as full partners in the development and implementation of the IFSP.

Training needs are assessed in a variety of ways and may vary from individual to individual and year to year. A formal written survey of training needs is one mechanism for gathering information to support the focus of the CSPD Plan. Other sources of information that are considered when assessing local training needs include:
- Specific data-informed decision-making based on child outcomes, family outcomes, child find practices, and/or natural environments practices;
- Evidence-based and recommended practices;
- Family and child issues currently challenging the program;
- Local, state, and national issues, trends, focuses; and/or
- Training evaluations.

The MSDE supports an evidence-based data-informed decision making process (Team-Analyze-Plan-Implement-Track or TAP-IT) to assist jurisdictions to align local CSPD Plans with conclusions drawn from the review and analysis of the local suitable qualifications report, self-monitoring, local data profiles, improvement plans, corrective action plans, complaints and investigations requiring corrective actions, and other data related to program improvement.

The method and results of the needs assessment are clearly summarized in the data summary section of the CSPD Plan with the list of anticipated in-service topics reflecting the results of the

local needs assessment and based on the Learning Forward *Standards for Professional Learning*. Specific documentation about the actual professional learning provided and the results of those professional learning experiences is included in the local Final Program Report.

Required local CSPD Plan components in FFY 2013:

    a) A summary of the specific data on which the plan is based that supports the need for the proposed training activities. Data includes the results of the local training needs assessment of public and private providers, primary referral sources, Family Support Network and Preschool Partners coordinators, parents, paraprofessionals, and service coordinators, in addition to other data analysis results;

    b) The specific purpose for which the identified training is being sponsored (i.e., areas of non-compliance and performance, program improvement/results, required corrective actions, suitable qualifications, etc.);

    c) A description of each training activity, including anticipated dates, training level, topic, presenters, audience, supportive resources, and planned follow-up to evaluate and support transfer of training to practice (i.e., coaching, communities of practice, etc.); and

    d) Evaluation levels, instruments, methods or procedures, and the anticipated degree of training impact on the local early intervention system.

An additional requirement of each local CSPD Plan is the inclusion of local/regional training(s) and/or technical assistance on the utilization of the Child Outcomes Summary (COS) process for all new and experienced staff responsible for completion of the COS integrated into the IFSP process. Jurisdictions can access technical assistance from the Programmatic Support and Technical Assistance Branch in the MSDE, DSE/EIS to support local/regional planning and implementation efforts for customized COS professional development. Additionally, Maryland's online COS tutorial can be accessed through www.marylandlearninglinks.org to supplement face-to-face training.

After CLIG submissions are received by the MITP, each local CSPD Plan is reviewed by designated staff (i.e., programmatic, data, and fiscal MSDE liaisons) through the utilization of a comprehensive template created to ensure all required plan components are adequately addressed. Approval of each local CSPD Plan is required to maintain robust professional learning for all early intervention providers, families and other early care and education professionals. When local CSPD plans are missing data or other required components, specific technical assistance is provided to support local plan approval. Designated MITP staff also reviews Final Program Reports to ensure appropriate implementation of each local CSPD Plan.

The MITP believes that it is important that all IFSP teams are considered "COS competent," as defined by the ECTA Center COS Competency Check (COS-CC). The COS-CC will be a required component of CSPD plans beginning in FFY 2016. The purpose of the COS-CC is to provide states with a mechanism to verify that program staff have the basic competencies to conduct the COS process. Once released by the ECTA Center, the COS-CC will also help the MITP and local programs identify professional development needs. The MITP expects that all

individuals (100%) on IFSP teams will be determined COS competent by the end of FFY 2016. All newly hired program staff will be expected to be COS competent within 1 calendar year of hire.

Ongoing Professional Learning Activities and Resources

In order to improve program quality and services to positively impact child and family outcome results, the MITP, in collaboration with numerous partners, provides resources, training, consultation, and technical assistance to local LITP directors, service providers, community partners, stakeholders, and parents in numerous formats and forums. Dissemination of these trainings, resources, media, and tools to strengthen child outcomes and the early intervention and education services provided to infants, toddlers, and young children with disabilities, and their families, is supported through the MSDE, DSE/EIS website www.marylandlearninglinks.org in collaboration with the Johns Hopkins University (JHU)/Center for Technology in Education (CTE).

Several online professional learning resources have been highly utilized for providing ongoing training and support to **all** early care and education professionals as well as families.

- The Maryland Learning Links (MLL) website is a site co-owned by the MSDE, DSE/EIS and the JHU CTE.   The site was created to provide guidance and resources related to early intervention and special education in Maryland. The site is structured into six main topic areas or channels, including Early Learning, Individualized Education, Professional Learning, Leadership, Family and Community, and Policy. Also included on the site are sections for blogs, communities of practice, and a calendar of events. In addition to content embedded on the site, MLL also provides helpful links to other sites.
- The Embedded Learning Opportunities (ELO) website assists IFSP teams with selecting learning experiences to integrate into families' daily routines in an effort to enhance young children's development of functional skills and behaviors across the three early childhood outcomes. The website is organized by four common daily routines in which parents/caregivers and children engage: mealtime, bath time, bedtime, and playtime. Within each routine area, various activities are presented by age group (birth through 5 years). Each activity enhances growth and development in relation to age-specific indicators from Maryland's Healthy Beginnings Developmental Guidelines. Professionals can use the website with families to identify relevant activities to work toward the accomplishment of children's IFSP outcomes. Information/content can be copied directly from the site and pasted into a provided Activity Matrix template to give to the child's parent(s) or caregiver(s)
  http://olms.cte.jhu.edu/olms2/10634http://olms.cte.jhu.edu/olms2/10634
- The Child Outcomes Summary (COS) Tutorial assists early intervention professionals and families to understand and be successful with measuring early childhood outcome results utilizing the COS process integrated into Maryland's online IFSP. The online tutorial supplements direct face-to-face training and provides an ongoing resource for implementing the COS process in early intervention and engaging families in the COS process in Maryland. http://olms.cte.jhu.edu/olms2/128970http://olms.cte.jhu.edu/olms2/128970

- The Birth-Five Evaluation and Assessment Module is an online professional learning resource designed to provide a comprehensive understanding of evaluation and assessment (birth – five), including definitions, purposes, legal requirements, recommended practices and family partnerships. Throughout the module, the learner is engaged in Checks for Understanding to assess knowledge of content. Reflection activities are utilized along with IFSP and IEP toolkits to assist the learner with effectively synthesizing assessment information. Learners are introduced to an evidence-based, data-informed decision making model to ensure purpose-driven evaluation and assessment. Differentiated learning is supported through resource links to regulations, videos, other modules and tutorials, checklists, practice briefs, and supplemental materials. http://olms.cte.jhu.edu/olms2/142555http://olms.cte.jhu.edu/olms2/142555

- Maryland Social Emotional Foundations for Early Learning website is based on the research from the Center on the Social and Emotional Foundation for Early Learning (CSEFEL) which promotes a framework for teaching social and emotional skills to young children. The MSDE, in collaboration with the University of Maryland School of Social Work/Institute for Innovation and Implementation, developed evidence-based, user-friendly, online training modules to assist early childhood educators as they promote children's social-emotional development and address the challenging behavior and mental health needs of young children. The training is divided by age group for Infants and Toddlers Program staff and preschool program staff. The trainings are divided into 4 modules, each one containing a pre and post assessment and downloadable handouts. https://theinstitute.umaryland.edu/sefel/about/index.cfmhttps://theinstitute.umaryland.edu/sefel/about/index.cfm

- The Prematurity and Atypical Development Professional Learning Series is a website designed to equip early intervention professional learning facilitators with the information and materials needed to deliver a 5-module training series on prematurity and atypical development. The modules include: The ABCs and 123s of Prematurity, Diagnoses Associated with Prematurity and Developmental Implications, Understanding and Using Adjusted Age with Infants Born Prematurely, A Potpourri of Interventions for After the NICU, and Atypical Development-Increasing Awareness. Each module includes a Facilitator's Guide, Learning Objectives, Video Presentation, and Participant Handouts along with a pre-post assessment. http://olms.cte.jhu.edu/olms2/273786

The MSDE targets specific universal professional learning activities to local early intervention and early care and education leaders. These include the annual MSDE, DSE/EIS Professional Learning Institute with an early childhood strand, quarterly face-to-face Birth through 21 Leadership professional learning, and monthly Birth through 21 Leadership teleconferences. This year the focus of the professional learning activities for early intervention leaders is high-quality, functional, routines-based IFSPs with the rollout of a reflection tool and training modules.
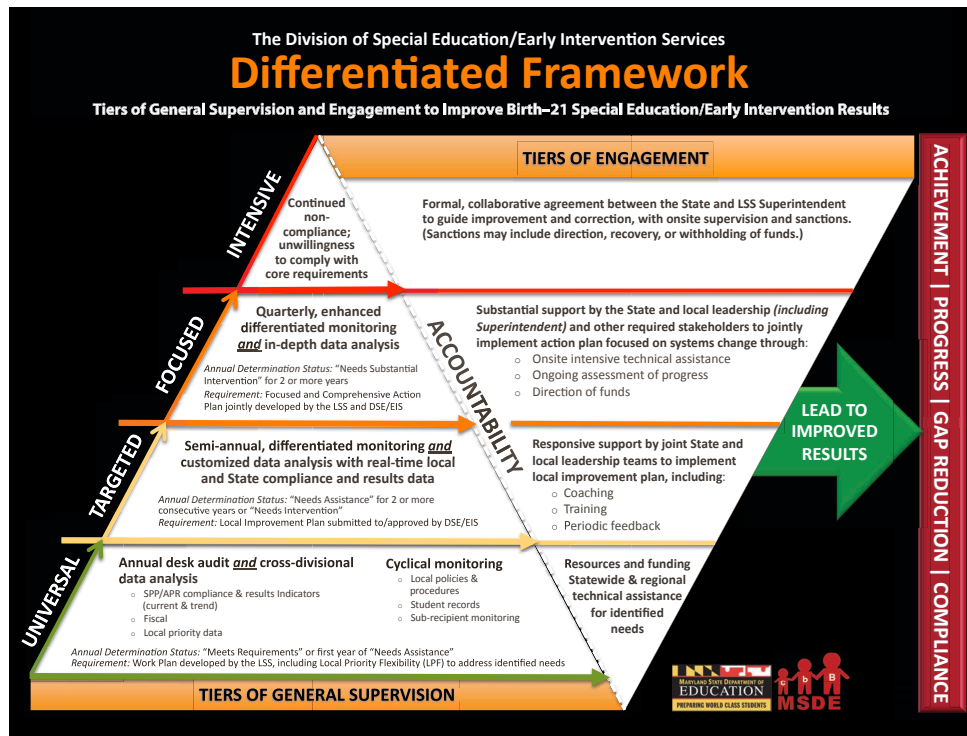
Additional universal professional learning activities are focused on Part C service coordinators with an annual/bi-annual technical assistance forum based on a needs assessment survey. Topics for this year's forum included policy updates, collaborative teaming in the IFSP/Child Outcomes

Summary Process, innovative online resources to support evidence-based practices, and family partnerships.

Technical Assistance

Through the Division's strategic plan, *Moving Maryland Forward*, the MSDE, DSE/EIS focuses on building the capacity of LITPs, local school systems, public agencies, and institutions of higher education to narrow the performance gap and enable all children to be kindergarten ready. The Division works collaboratively with other Divisions within the MSDE to improve performance on statewide accountability measures, including Ready 4 Kindergarten, and achievement of the Maryland College and Career Ready Standards.

- Tiers of Engagement provide the differentiated tiers of support and technical assistance to an LITP based on identified results and compliance criteria. The Tiers of General Supervision and Engagement were described earlier in the Accountability/Monitoring for Results component but the Tiers of Engagement are again discussed briefly below.
    o The ***Universal Tier of Engagement*** is statewide professional learning and technical assistance to support statewide needs based on overall State trend data (e.g., performance on SPP Indicators, child outcomes, and student achievement). This includes general information related to early intervention and special education policies, procedures, and practices, as well as the general work of the MSDE. Examples of statewide technical assistance include State and regional professional learning, online tools, resources through the Maryland Learning Links website, Q&A Documents, and Technical Assistance Bulletins.
    o The ***Targeted Tier of Engagement*** focuses on professional learning and support (training, coaching, and technical assistance) to address the needs of the LITP on specific topics identified through general supervision. It is a responsive and proactive approach to prevent the LITP from needing substantial support.
    o The goal of the ***Focused Tier of Engagement*** is to direct substantial support to address the continuous lack of improvement of the LITP through significant systems change. A multi-faceted State and local leadership team meets regularly to develop and implement an action plan designed to affect systems change in policy, program, instructional practices, and professional learning at multiple systems levels.
    o The ***Intensive Tier of Engagement*** focuses on providing support based on a Formal Agreement that is developed to guide improvement and correction with onsite supervision. The MITP may direct, recover or withhold State or federal funds.
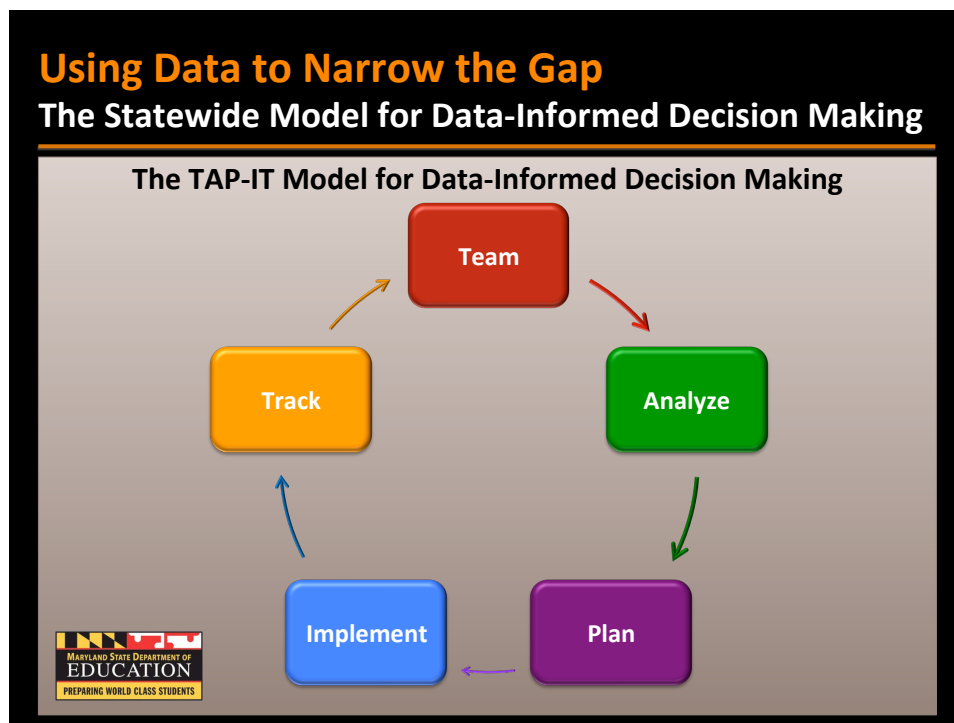
The Division of Special Education/Early Intervention Services
Differentiated Framework
Tiers of General Supervision and Engagement to Improve Birth–21 Special Education/Early Intervention Results

- **Team, Analyze, Plan, Implement, Track (TAP-IT)**
  The TAP-IT process is the universal delivery system for improved results through the MSDE, DSE/EIS *Differentiated Framework: Tiers of Engagement.* TAP-IT ensures purposeful resource allocation and collaborative effort in support of research-based actions that narrow the achievement gap for children with disabilities and their non-disabled peers. Through TAP-IT the MSDE, DSE/EIS partners with LITPs around five levers for change (based on State Education Agency (SEA) Levers for Change in Local Education Agencies and Schools, Redding, 2013):

  o **Opportunity** by braiding of resources to support innovative practices;

  o **Incentives** through Statewide recognition of child progress and gap reduction;

  o **Systemic Capacity** by providing Statewide data systems that include the Longitudinal Accountability Decision Support System (LADSS), Maryland Online IFSP, and the Maryland Online IEP (MOEIP);

  o **Local Capacity** building through expert consultation, establishment of Communities of Practice (CoP), training, coaching, and opportunities for diagnostic site reviews; and

  o **Intervention** through the MSDE, DSE/EIS Differentiated Framework - Tiers of Engagement that include universal support for internal decision-making processes based on implementation science and dissemination of proven practices with demonstrated results.

  The TAP-IT process begins with the formation of an implementation team comprised of LITP and the MSDE, DSE/EIS representatives who operate in a clearly defined partnership. The team collects current, relevant data sources (*for example: SPP/APR*

indicator data, Ready at Five - School Readiness Data, Maryland Online IFSP Database, and Family Survey Data), analyzes the data using an agreed upon protocol, plans interventions and aligns resources, implements with support and resources identified, and tracks ongoing progress to scale up as appropriate.

Below is the SWOT Analysis for Professional Learning/Technical Assistance completed by stakeholders:

Strengths	Weaknesses
● Web-based Maryland Learning Links portal for professional learning ● Online IFSP data system provides real time data to help make decisions about specific program needs ● Internships of college students available at local level ● Retention because personnel love the field of early intervention ● Thoughtful review of suitable qualification requirements ● Local program can create own professional learning based on local program identified needs ● Well-educated and enthusiastic providers ● Identifying experts to provide targeted	● Face to face instruction lacking (staff capacity) ● Shortage of specialized therapist and experienced providers in some areas ● No options for recruitment/retention bonus ● Limited knowledge on systematic and effective professional learning ● Data not used effectively for professional learning. Some providers take professional learning based on funding/costs not on need ● Recruiting qualified personnel who can provide high quality services and have the ancillary skills and knowledge to build family/caregiver capacity and maintain

	quality support to families
trainings/technical assistance	● Challenge = broad scope of competencies/skill set needed to communicate and engage with all aspects of a child and family and their entire support system
● Observations/child outcome data/trends guides professional learning	
o Both statewide and local	
● The MITP offers professional learning opportunities to build capacity of providers	● Many staff report feeling inadequate regarding dealing with social-emotional difficulties
	● Disadvantage is the disconnect between all child serving systems – leads to disconnected professional learning – need better interagency collaboration
	● "Buy in" because not getting continuing education credits for required trainings: some employees are not willing and have "union protection"
	● Challenges with implementation
	● Lack of focus on paraprofessionals/aides (all people working in classroom)
	● Communication and partnership
Opportunities	**Threats**
● Professional development to be provided across the field	● Some Local School Systems do not have time and/or funding to participate in early intervention training
● Coordinated training across jurisdictions with high-level experts (save funding by coordinated effort and collaboration)	● High caseloads leave limited time for professional development
● Serving on local ECAC and other stakeholder groups	● Lack of inclusion of smaller entities in large scale professional learning/technical assistance – leading to lower outcomes in some smaller jurisdictions
● State effort to unify professional learning	
● Family Support Services, Judy Centers, local Early Childhood Advisory Councils (ECACs), LICCs (but not sure how are they using the information)	● Direct technical assistance not always provided after professional learning opportunities – need follow-up
● Need to coordinate education at Institutes of Higher Education to combine all early childhood educators	● Engrained philosophy of some providers
● Be inclusive of more outside agencies, programs in a stream-lined, effective way and target on those not interested yet	● Missed services during professional learning activities – legal threat and fiscal implication for missed billing opportunities and the cost of substitute providers
● What is the data from other programs that could guide professional learning/technical assistance?	
● IFSP Quality Reflection Tool being developed	

System Strengths and Areas for Improvement: Summary of Major SWOT Analysis Findings

Through its SWOT Analysis with stakeholders, the MITP identified several strengths that were common themes embedded in multiple infrastructure components. For example, the MITP's online IFSP data system was mentioned as a strength in each of the identified infrastructure components. The data system better enables the MITP to examine State, local, and provider level data. In addition, access to real time data helps the MITP make programmatic decisions, including those related to governance, accountability, quality standards, professional learning, technical assistance, and fiscal considerations. Access to these data will be instrumental during the Infrastructure Development of Phase II.

Another strength identified via SWOT Analysis is the MITP's involvement of stakeholders. In particular, the MITP involves stakeholders in decision-making for each infrastructure component. Throughout the year, the MSDE, DSE/EIS provides numerous opportunities for stakeholders to help guide the birth through five system in Maryland. Examples include the SICC, Special Education State Education Committee (SESAC), Professional Learning Institute meetings, IFSP Users Group meetings, state initiative workgroups/taskforces, the Education Advocacy Coalition (EAC), and statewide webinars/teleconferences. No major decisions are made without discussion with internal and external stakeholders.

The stakeholder SWOT analysis identified relevant areas for improvement within and across the system. More than anything else, collaboration was mentioned as something that is a current weakness or threat. Stakeholders felt that better collaboration with numerous partnering agencies is needed to ensure that children with behavioral and mental health concerns are provided with an appropriate continuum of services, including those that provide services to children considered medically fragile. For example, stakeholders identified the collaboration between the MSDE, DSE/EIS and the MSDE, DECD as something that is getting better but still needs improvement. In addition, lack of adequate State and local collaboration with the Early Childhood Mental Health Consultation Project and other mental health providers was identified as a threat to our system. And, better coordination among agencies is important to ensure adequate use of resources and a better connected system of professional learning. It is important to note that increasing collaboration with outside researchers was viewed as an opportunity to aid in data-informed decision making.

A common theme identified as an opportunity across infrastructure components in the SWOT Analysis was the State and federal shift towards results driven accountability. Stakeholders proposed that demonstrating increased results presents an opportunity for increased funding. To this end, stakeholders viewed the integration of COS into the IFSP as a better way to view the child during IFSP development and believed that better child outcomes will result from this integration. In addition, they identified the newly developed IFSP Reflection Tool (see Coherent Improvement Strategy #3) as an opportunity to refine local program practice in developing IFSPs that use authentic and appropriate information to develop functional outcomes and routines-based supports and services for young children and their families. The development, implementation, and evaluation of functional, routines-based IFSPs, it is believed, will lead to better results for children and their families.

Conclusions

Engaging in a thorough data review and infrastructure analysis has led to several critical conclusions. Data indicate that social-emotional development is one of two school readiness domains that have not increased, the special education gap is largest in social-emotional development, and the numbers of preschool age children being suspended is increasing. These data points are congruent with the information identified in infrastructure analysis indicating that: training in social-emotional development needs to be more widespread; children and families need better access to high-quality childcare and mental health services; and collaboration with families, childcare, early childhood mental health, and other early care providers needs to be strengthened.

State-Identified Measurable Result

Stakeholder Involvement

After a comprehensive review of the State's data and infrastructure, as well as current research relating to school readiness, the MITP engaged stakeholders in discussion regarding a proposed SIMR on November 19, 2014. All stakeholders felt that the ultimate goal should be school readiness, but there was some disagreement on which child outcomes indicator(s) was most related to readiness. The discussion was immediately narrowed to social-emotional development and knowledge and skills. Some stakeholders felt that the focus should be on knowledge and skills because of its more direct link to school readiness. Others, however, emphasized the importance of executive functioning and approaches toward learning as they relate to social-emotional development. Much of the November 19th meeting was related to stakeholder discussion about social-emotional versus knowledge and skills and then whether Summary Statement #1 or Summary Statement #2 was more appropriate. Ultimately, the group reached consensus to focus on a substantial increase in social-emotional skills over knowledge and skills because they believed that positive social-emotional development is the foundation for school success and that the attainment of knowledge and skills is difficult when challenging behaviors interfere with that attainment.

On November 19th, the MITP also proposed that 3 to 4 LITPs would be "SSIP programs" and stakeholders were all in agreement. During the discussions about potential "SSIP programs", LITP names were not used, only county numbers, to avoid any bias from stakeholders. The MITP wanted decisions to be made based on data and infrastructure, not on an unrelated stakeholder agenda or bias. After reaching consensus on substantially increasing positive social-emotional development, the proposed SIMR was discussed at two additional meetings (December 10, 2014 and January 8, 2015) with consensus being reached by the end of each meeting. With input from the stakeholder meetings, MSDE reviewed data and initiatives and determined that the SIMR would initially include work with four local programs.

Selection of the SSIP programs was based on numerous factors. First, the local programs needed to have the capacity to implement identified improvement strategies and/or the ability to make changes to their infrastructure that would enable them to have the capacity. Second, the MITP and its stakeholders believe that it is important that the strategies and activities implemented as part of the SSIP process ultimately can influence State data for SPP/APR Indicator 3. As a result, the MITP identified four programs that account for about one-third of the MITP's total Part C child count. Third, it was important to have programs with varying structures because the ultimate goal is to implement SSIP strategies on a larger scale. For this reason, the MITP selected two programs that were Health Department lead agencies and two programs that were Education lead agencies. Fourth, demographic variables were also considered during the selection. The selected programs were around major urban areas and those that were more rural in nature. Finally, it was important that the programs selected would have interest and buy in to the SSIP process. Prior to finalization of the selection of local programs, each of the proposed SSIP programs was contacted to confirm their interest in the participation in the SSIP process.

The specific involvement of stakeholders taking part in SIMR discussions is provided below:

Internal Stakeholders

Stakeholder	11/19/14	12/10/14	1/8/15
MITP Program Manager, Section Chief for Policy and Data, DSE/EIS	X	X	X
Birth through Five Section Chief, Preschool Coordinator, DSE/EIS			X
Birth through Five Quality Assurance Specialist, DSE/EIS	X	X	X
Behavioral Specialist, DSE/EIS		X	X
Part C Monitoring Specialist, DSE/EIS			X
Director of the Office of Childcare at MSDE, DECD			X
Birth through Five Education Program Specialist, DECD	X	X	
Consultant	X	X	

External Stakeholders

Stakeholder	11/19/14	12/10/14	1/8/15
Parents	X	X	X
LITP Directors	X	X	X
Preschool Coordinators	X	X	X
Local Program Supervisors	X	X	X
Early Intervention Providers	X	X	X
State Interagency Coordinating Council	X	X	X
Institutes of Higher Education	X	X	X
Department of Health and Mental Hygiene/Health Department	X	X	X
Head Start			X
Early Head Start			X
Advocacy Groups	X	X	X
Maryland Chapter of the American Academy of Pediatrics			X
Division of Early Childhood Development/Child Care	X	X	X
Maryland Insurance Administration			X
Homeless Education	X	X	X
Foster Care			X
Mental Health	X	X	X
Governor's Office for Children			X
Maryland Family Network (Family Support)	X	X	X
Maryland Developmental Disabilities Council	X	X	X
Maryland Screening Consortium Members	X	X	X
LICC Chairs/Members	X	X	X

Background of Data Collection for the MITP's SSIP Measure

In FFY 2010, for the federal reporting of child outcome results, Maryland began using the Child Outcomes Summary Form (COSF) at entry and exit to compare progress to typical peers. In FFY 2011, Maryland began initial implementation of the Child Outcomes Summary (COS) process into the Individualized Family Service Plan (IFSP) process and form, with full implementation during FFY 2012.

In Maryland, the COS process is completed and documented on the Strengths and Needs Summary page of the IFSP which replaces the COSF as the mechanism for collecting, measuring, and reporting on the three early childhood outcomes. The Strengths and Needs Summary captures multiple sources of information including: the child's present levels of development (gained through the evaluation/assessment process including naturalistic observation, parent interview, and team involvement), the family's concerns, priorities and resources, and the family's daily routines in natural environments. This information is utilized to summarize the child's strengths and needs in the three early childhood outcome areas.

For each skill/behavior identified as a strength or need, the following questions are considered to guide the conversation with the family and to identify the appropriate COS Rating Descriptor for each of the three early childhood outcome areas:

- Are the skills and behaviors, demonstrated for this area, what one would expect for a child this age? (i.e., age-expected skills)
- If not, are they like those of a younger child? Are they the skills and behaviors that come just before the age-expected skills and behaviors? (i.e., immediate foundational skills)
- If not, are the skills and behaviors like those of a MUCH younger child? Are they much earlier than age-expected skills and behaviors or atypical? (i.e., foundational skills)

The COS Rating Descriptors are based on the child's functioning across settings and situations in the three functional areas compared with what is expected given the child's age. The COS Rating Descriptors use family-friendly language to assist families to understand their child's development in relation to same-age peers and are matched to the COS 1 through 7 scale. Only the COS Rating Descriptors are written on the IFSP, not the 1 to 7 numbers. The 1 to 7 numbers are assigned in the database to calculate child progress data.

For each of the three early childhood outcome areas, the appropriate COS Rating Descriptor is documented on the Strengths and Needs Summary page under the question, "How Does My Child's Development Relate to His/Her Same Age Peers?"

In addition to the COS Rating Descriptor the following question is also required: "Has my child shown any new skills or behaviors related to (outcome area) since the last Strengths and Needs Summary?" "Yes, No or Not Applicable?" This question is identical to the progress question on the COSF, "Has the child shown any new skills or behaviors related to each outcome since the last outcomes summary? (yes or no)." When developing an initial IFSP and completing the COS entry, the answer to the question is "not applicable" since the child has not yet received early intervention services. At exit (or any other time the COS process is completed, e.g., at annual IFSP reviews) this yes/no question must be answered.

Supporting Research

Science has established a compelling link between social/emotional development and behavior and school success (Raver, 2002; Zins, Bloodworth, Weissberg, & Walberg, 2004). Academic achievement in the first few years of schooling appears to be built on a foundation of children's emotional and social skills (Raver, 2002). Young children cannot learn to read if they have problems that distract them from educational activities, problems following directions, problems getting along with others and controlling negative emotions, and problems that interfere with relationships with peers, teachers, and parents. "Learning is a social process" (Zins et al., 2004).

The National Education Goals Panel (1996) recognized that a young child must be ready to learn, e.g., possess the prerequisite skills for learning in order to meet the vision and accountability mandates of academic achievement and school success. Academic readiness includes the prosocial skills that are essential to school success. Research has demonstrated the link between social competence and positive intellectual outcomes as well as the link between antisocial conduct and poor academic performance (Zins et al., 2004). Programs that have a focus on social skills have been shown to improve outcomes related to dropout and attendance, grade retention, and special education referrals. They also have improved grades, test scores, and reading, math, and writing skills (Zins et al., 2004). "From the last two decades of research, it is unequivocally clear that children's emotional and behavioral adjustment is important for their chances of early school success" (Raver, 2002).

The State's SSIP Measure

Through both data and infrastructure analyses, as well as through a thorough review of current research, the MITP has identified a need to focus on social-emotional development. As such, the MITP has developed the following SIMR:

The Maryland Infants and Toddlers Program will substantially increase the rate of growth of positive social-emotional skills in infants, toddlers, and preschool-age children in four local Infants and Toddlers Programs.

The State's SSIP measure is aligned with Summary Statement #1 of Indicator 3a: Of those children who entered the program below age expectations in positive social-emotional skills, the percent who substantially increased their rate of growth by the time they exited the program. Once the SIMR was defined the MITP and its stakeholders discussed the creation of baseline and target data. At any given time, one identified SSIP program serves between 20% and 25% of all children in the MITP, whereas the other three programs combined serve about 10%. As a result, stakeholders proposed weighting the baseline and targets based on program size. Therefore, the baseline was set using a calculator provided by the Early Childhood Technical Assistance (ECTA) Center. This calculator uses each local program's child count to create a weighted baseline. It is expected that, as a result of the strategies and activities listed below, the SSIP programs will experience significant gains in social-emotional data equal to at least one percentage point per fiscal year beginning in FFY 2015. Baseline and target data are inclusive of children receiving services through an IFSP birth to three, as well as children receiving services through an Extended IFSP after age three. To be included in analyses, children birth to three must receive services for at least 6 months before exiting and children older than three must

receives service for at least 3 months before exiting. The baseline and targets for the Part C SSIP through FFY 2018 are:

FFY	Of the Infants, Toddlers, and Preschool Age Children Who Entered the Program Below Age Expectations in Positive Social-Emotional Development, the Percentage Who Substantially Increased Their Rate of Growth By the Time they Exited in the 4 Initially Selected LITPs
2013 (Weighted Baseline)	57.40%
2014	57.40%
2015	58.40%
2016	59.40%
2017	60.40%
2018	61.40%

Selection of Coherent Improvement Strategies

Stakeholder Involvement

As stakeholders were engaged in identifying coherent improvement strategies and ultimately the Theory of Action, two overarching questions were an integral part of all discussions:

1) What would Maryland need to see at the state and local levels for administrators, practitioners, and families to improve positive social-emotional skills of young children with disabilities?
2) What specific improvement strategies would the state need to implement to support positive social-emotional skills of young children with disabilities?

The MITP led discussions around improvement strategies over three stakeholder workgroup meetings. During the first workgroup meeting, stakeholders were asked to identify root causes for low social-emotional child outcomes scores, regardless of whether or not the causes were actionable. The following root causes were identified: homelessness, toxic stress, lack of education about parenting strategies, inadequate high-quality and affordable childcare with consistent staff, parental disabilities, cultural awareness, access to and provision of adequate child and caregiver mental health services, family transiency, poverty/economics, genetics, parent-school mismatched expectations, lack of prenatal care, language barriers, parent inability to read child cues, adult learning strategies, substance abuse, lack of awareness of resources by families and staff, transportation, Post-Traumatic Stress Disorder (PTSD), teen parents, caregiver and service provider rigidity, inadequate knowledge of social-emotional development by providers, inadequate understanding and use of evidence-based social-emotional strategies, family status, unaligned attachment styles, and gender stereotypes.

At both the first and second workgroup meeting, stakeholders were asked to consider actionable root causes linked to the data analysis and infrastructure analysis. These included the data analysis indicating lower social-emotional school readiness scores for young children with disabilities, the low outcome data in some programs and the variability in the outcome data around positive social-emotional skills for young children with disabilities, the concerns about the competency of providers to build family capacity and implement evidence-based practices with fidelity (e.g., the inconsistent implementation of SEFEL in early care and education programs throughout the state), the need to improve the quality of childcare (EXCELS), the need for improved collaboration between the MSDE, DSE/EIS and the MSDE, DECD, particularly with regard to the ECMHC Project in some jurisdictions, the inconsistent use of data-informed decision-making at all levels, the concerns about COS data quality, the concerns about IFSP quality, and the concerns about effective and efficient professional learning and technical assistance.

Additionally, at both the first and second workgroup meetings, members discussed potential improvement strategies in the context of the *Hexagon Tool for Assessing Evidence-Based Practice Readiness of Fit.* This tool facilitates a discussion by reviewing six broad factors in relation to the strategy:

- NEED – Is the improvement strategy aligned with early care and education, parent, and community perception of need and is data supporting the need?
- FIT – Does the improvement strategy fit with current initiatives and priorities, early childhood principles, and good practices?
- RESOURCES AND SUPPORT – are resources available to support the strategy, such as programmatic, staffing, technology, data systems, coaching, and supervision?
- EVIDENCE – is there evidence to support use of the improvement strategy – in the early childhood literature, developmentally appropriate practice?
- READINESS FOR REPLICATION – are resources available to support implementation – administrative support, professional learning and TA availability, qualified providers?
- CAPACITY TO IMPLEMENT – does the state have the capacity to support local program implementation – administrative support, qualified staff, stakeholder support?

Based on all the above discussions, stakeholders generated numerous improvement strategies for substantially increasing the rate of growth of positive social-emotional skills of infants, toddlers, and preschool-age children with disabilities:

- Focus on family assessment - particularly through the use of the Routines Based Interview (RBI), implementation of the Seven Key Principles for Providing Early Intervention in Natural Environments, and the DEC Recommended Practices for Assessment and Family Practices
- Stronger collaboration with other home visiting programs (i.e., Early Head Start, Parents as Teachers)
- Stronger collaboration with child care community - Maryland EXCELS
- Stronger collaboration with mental health providers, in particular the Early Childhood Mental Health Consultation Project
- Full implementation with fidelity of Social Emotional Foundations for Early Learning (SEFEL) for early intervention providers, early childhood mental health consultants, and child care providers
- Stronger focus on reflective coaching with families and other caregivers (i.e., child care providers)
- Continuation of Making Access Happen initiative
- Embedding data-informed decision-making at all levels
- Child Outcomes Summary - Competency Check
- Utilization of the Implementation Science Framework/Research

At the third workgroup meeting, stakeholders were presented with the previously identified improvement strategies and were given the opportunity to provide additional input on those or other strategies. Additional improvement strategies that were identified included:

- Stronger collaboration with healthcare providers
- Stronger collaboration with Institutes of Higher Education
- Focus on high-quality, functional, routines-based IFSPs

After each meeting, notes/materials were shared with all stakeholders to allow for input from those who could not attend.

The specific attendance of stakeholders at those groups is indicated below.

Internal Stakeholders

Stakeholder	11/19/14	12/10/14	1/8/15
MITP Program Manager, Section Chief for Policy and Data, DSE/EIS	X	X	X
Birth through Five Section Chief, Preschool Coordinator, DSE/EIS			X
Birth through Five Quality Assurance Specialist, DSE/EIS	X	X	X
Behavioral Specialist, DSE/EIS		X	X
Part C Monitoring Specialist, DSE/EIS			X
Director of the Office of Childcare at MSDE, DECD			X
Birth through Five Education Program Specialist, DECD	X	X	
Consultant	X	X	

External Stakeholders

Stakeholder	11/19/14	12/10/14	1/8/15
Parents	X	X	X
LITP Directors	X	X	X
Preschool Coordinators	X	X	X
Local Program Supervisors	X	X	X
Early Intervention Providers	X	X	X
State Interagency Coordinating Council	X	X	X
Institutes of Higher Education	X	X	X
Department of Health and Mental Hygiene/Health Department	X	X	X
Head Start			X
Early Head Start			X
Advocacy Groups	X	X	X
Maryland Chapter of the American Academy of Pediatrics			X
Division of Early Childhood Development/Child Care	X	X	X
Maryland Insurance Administration			X
Homeless Education	X	X	X
Foster Care			X
Mental Health	X	X	X
Governor's Office for Children			X
Maryland Family Network (Family Support)	X	X	X
Maryland Developmental Disabilities Council	X	X	X
Maryland Screening Consortium Members	X	X	X
LICC Chairs/Members	X	X	X

Stakeholders felt strongly that the MSDE, *DSE/EIS Strategic Plan: Moving Maryland Forward* provided a solid foundation for Maryland's SSIP and that while many improvement strategies were already in place, many ongoing strategies and practices needed to be strengthened. Additional discussion with stakeholders around both the feasibility and impact at both the local and State level helped to combine, narrow down, and better organize improvement strategies to specifically focus on stronger collaborative practices, targeted technical assistance, and capacity building for data-informed decision-making.

Selection of Coherent Improvement Strategies

Promoting social-emotional development for Maryland infants and toddlers is the priority for Maryland's State Systemic Improvement Plan (SSIP). This priority is in alignment with *Moving Maryland Forward: The DSE/EIS Strategic Plan,* which focuses on kindergarten readiness as one of four Action Imperatives. During the Division's strategic planning process, four key strategies were identified to help improve results for children with disabilities and their families in Maryland. These key strategies are:

- Family Partnerships – The MSDE, DSE/EIS will continue to create and sustain strong family partnerships and will support school and community personnel in their efforts to encourage families, as their child's first teacher, to make active and informed decisions that contribute to their child's success;
- Strategic Collaboration – The MSDE, DSE/EIS will employ strategic collaboration with partners across State agencies, across divisions within the MSDE, among public education agencies, with Institutes of Higher Education (IHEs), and with families, advocates, and community partners, in order to promote access for all children to high-quality teaching and learning;
- Evidence-Based Practices – The MSDE, DSE/EIS will promote the adoption and implementation with fidelity of evidence –based practices to narrow school readiness and achievement gaps. The MSDE, DSE/EIS will identify and share evidence-based practices, including multi-tiered systems of academic and behavioral supports, to ensure equitable access to high-quality instruction that leads to child/student progress; and
- Data-Informed Decision Making – The MSDE, DSE/EIS will increase the capacity to make data-informed decisions at the state and local levels by providing access to real-time child/student data. The MSDE, DSE/EIS will support the implementation of an evidence-based and customized data analysis and decision-making process.

These broad key strategies continue to be essential in every aspect of the work of the DSE/EIS as well as the implementation of MITP's SSIP. To substantially increase positive social-emotional outcomes of young children with disabilities the MITP will focus on a set of coherent improvement strategies to do the following:

1) Provide leadership for strategic collaboration and resource management;
2) Provide technical assistance and programmatic support focused on family partnerships and evidence-based practices; and
3) Ensure accountability with a focus on results through data-informed decision-making.

These improvement strategies were identified as a priority by stakeholders and were selected because they fit within the state's current capacity and resources, as well as provide a coherent approach to the State's specific needs to: 1) narrow the school readiness gaps in social-emotional development, 2) increase collaborative practices, 3) build family capacity to support positive social-emotional development, 4) scale up the use of evidence-based practices, 5) provide effective professional learning opportunities, and 6) increase the use of data-informed decision-making. While previously implemented improvement strategies have addressed positive social-emotional skills in the broad sense, the selected coherent improvement strategies place a laser focus on results for substantially increasing positive social-emotional skills by supporting local infrastructure and capacity to implement evidence-based practices with fidelity. The MITP is building on current effective strategies and initiatives while adding new supportive coherent improvement strategies. It is important to note that these coherent improvement strategies are evidence-based and are/will be rolled out with careful and thoughtful planning using the principles of Implementation Science.

Implementation Science is the study of methods to promote the integration of research and evidence into practice. There are four functional stages of implementation with sustainability being embedded in each. According to Metz and Bartley (2012), they are:

1) Exploration – During this stage teams will assess needs, examine innovations, examine implementation, and assess fit;

2) Installation – During this stage teams will acquire resources, prepare the organization, prepare implementation, and prepare staff;

3) Initial Implementation – During this stage teams will use data to assess implementation, identify solutions, and drive decision making;

4) Full Implementation – During this stage the new learning occurs at all levels and becomes integrated into practice, organization, and system settings and practitioners skillfully provide new services.

Implementation Science seeks to examine the causes of ineffective implementation and to investigate new approaches to improve programs. As a result, the incorporation of Implementation Science helps ensure that interventions/changes to programs are implemented effectively and consistently over time. The MITP believes that the incorporation of Implementation Science into each improvement strategy increases the likelihood of success and decreases the likelihood that strategies will lose their effectiveness over time.

MITP Key Strategy #1 – Provide leadership for strategic collaboration and resource management.

The MITP and LITPs are connected and have relationships with statewide and local programs and services that support families with young children. Emphasis to <u>maintain</u> and <u>strengthen</u> these partnerships is an <u>ongoing</u> process and examples include but are not limited to:

1) *Maryland's Early Childhood Mental Health Consultation (ECMHC) Project*: *The MITP believes that collaboration with the ECMHC Project will result in a more seamless system of services for children with atypical social-emotional development.*

Collaboration will also help retain children with behavioral and mental health needs in quality childcare programs who would otherwise be expelled.

2) *Home Visiting Programs: The MITP believes that collaboration with home visiting programs will increase access to evidence-based programs that provide developmental and parenting support to families.*

3) *Maryland EXCELS: The MITP believes that the continued expansion of the Maryland EXCELS system will result in higher-quality childcare with better emotional support, thereby producing better social-emotional outcomes for children in the MITP and throughout Maryland.*

4) *Health Care Providers: The MITP believes that continued collaboration with healthcare providers will result in better coordination of services, earlier referral and, consequently, better child outcomes.*

5) *Making Access Happen (MAH): The MITP believes that the continuation of the MAH initiative, even after RTT-ELCG funds are expended, will result in more children three through five with developmental delays and disabilities, being supported with their typically developing peers in high quality environments.*

The MITP believes that strengthening partnerships/collaboration with the projects, programs, and agencies listed, including those that are part of the MSDE, DECD will result in a more comprehensive and seamless system of services for infants, toddlers, and preschool age children with developmental delays and disabilities.

State and local level leaders recognize the importance of nurturing relationships at every level, which requires ongoing, continuous collaborative partnering. Based on the research regarding structures for implementation, the following <u>new</u> improvement strategies will be implemented to maintain and strengthen the above collaborations:

1) Statewide Leadership Implementation Team - The MITP will form a Statewide Leadership Implementation Team with key decision-making leaders from the Division of Special Education/Early Intervention Services, the Division of Early Childhood Development - including a representative from the Early Childhood Mental Health Consultation Project and the childcare community, the chair of the SICC (a healthcare provider), the University of Maryland School of Social Work, the Johns Hopkins University School of Education, Parents' Place of Maryland (MD's Parent Information and Training Center), and other critical partners based on stakeholder input. This team will serve as a model for local leadership implementation teams, ensure that improvement strategies at every level are based on evidence and utilize the principle of Implementation Science, as well as strengthen fiscal management and collaborative efforts for results.

2) Local Leadership Implementation Teams - Local Leadership Teams will be identified to strengthen existing local collaborations, develop new partnerships as appropriate, and receive ongoing support from the state team to address fiscal management and implementation drivers such as selection, training, coaching, and the data-informed decision-making needed for implementation of evidence-based practices.

The MITP believes that the development of Statewide and Local Leadership Implementation Teams will enhance state/local infrastructure and will result in evidence based-strategies being implemented with fidelity.

MITP Key Strategy #2 – Provide technical assistance and programmatic support with a focus on family partnerships and evidence-based practices.

As part of the MSDE, DSE/EIS strategic plan, the MITP has placed a strong focus on family partnerships and evidence-based practices. Family-centered principles are a set of interconnected beliefs and attitudes that shape program philosophy and behavior of personnel as they organize and deliver services to children and families. Family-centered practice is a way of working with families that increases their capacity to care for and protect their children. In particular, family-centered means focusing on children's needs within the context of families.

Ongoing practices within Maryland LITP's that exemplify this strategy include:

1. *DEC Recommended Practices/ Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments* - Maryland has adopted both the DEC Recommended Practices (Division for Early Childhood, 2014) and the Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings, 2008). Maryland has incorporated both documents into its Personnel Standards and Suitable Qualifications Requirements. Technical assistance and programmatic support focused on both Recommended Practices and Key Principles will continue to be a priority.

2. *Family Assessment* - Research shows that children learn best in the context of everyday routines and activities (e.g., Shonkoff & Phillips, 2000). The provision of family assessment is included in both the IDEA, as well as the Code of Maryland Regulations. The intent of this requirement is to invite families to voluntarily share information to help early intervention providers to adequately address family concerns, priorities, and resources related to supporting their child's learning and development. This process also helps families identify their available supports to help attain desired outcomes. Technical assistance and programmatic support focused on high-quality family assessment will continue, with an emphasis on evidence-based family assessment tools.

3. *Reflective Coaching* - Coaching is an evidence-based strategy used in training by program supervisors and early intervention providers and in service delivery by early intervention providers and families. Coaching is considered a competency driver in Implementation Science (Metz & Bartley, 2012). The idea is that even though new skills are introduced through training they must be practiced and mastered with the help of a coach.

   In 1997, Campbell forwarded the notion of an early intervention service provider as a coach, rather than a direct therapy provider. In this role, the early intervention provider would be in a position alongside the family, instead of taking a more lead role (Hanft & Pilkington, 2000). Research shows that family involvement results in greater early

intervention effects (Shonkoff & Hauser-Cram, 1987; Ketelaar, Vermeer, Helders, & Hart, 1998).

Rush and Shelden (2005) define coaching as "an adult learning strategy in which the coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations." In early intervention in Maryland, service providers use reflective coaching to help parents develop their interaction abilities with their children to help support development. In other words, coaching is essentially capacity building within families to increase families' abilities to promote learning and development.

Coaching consists of five components:
1. Initiation – Identification of a joint plan that includes the purpose and the anticipated outcomes of the coaching process;
2. Observation – Observation of an existing strategy or new skill. The purpose is to assist in building the competency of the person being coached;
3. Action – Real life activities that serve as the incorporation of the new skills;
4. Reflection – Questioning of the person being coached about what is currently happening, what he or she wants to happen, and about strategies to merge the two; and
5. Evaluation – Review of the effectiveness of the coaching process.

The MITP believes that the continued implementation of the DEC Recommended Practices, Key Principles and Practices for Providing Early Intervention Services in Natural Environments, high quality family assessments, and reflective coaching will support families, early intervention providers, and other early care and education staff to embed social-emotional learning opportunities into daily routines, which will result in better fidelity of implementation and increased family/caregiver capacity, resulting in better social-emotional outcomes for Maryland's children.

In addition to focusing efforts on continued refinement of current practices, new improvement strategies to be implemented within the targeted jurisdictions will include:

1. *Routines Based Interview* - The benefits of family-directed assessments were discussed above. As part of the SSIP process, the MITP plans to roll out the Routines Based Interview (RBI) (McWilliam, 2010) in select jurisdictions. The RBI supports the MITP's adoption of the *Mission and Key Principles for Providing Early Intervention Services in Natural Environments* and the DEC *Recommended Practices*. The RBI is a semi-structured interview that was designed to establish a positive relationship with the family, obtain a rich and detailed description of child and family functioning, and result in a list of outcomes and goals chosen by the interviewee. During the interview, the interviewer assesses the child's engagement, independence, and social-relationships with everyday routines, as well as the family's perceptions of how the child is participating in daily

routines. Use of the RBI will assist IFSP Teams in developing outcomes that are routines-based, functional, and meaningful to the family. Also, the RBI will increase the ability of IFSP Teams to ask about and gather information about social-emotional needs and to support the identification of outcomes related to social-emotional needs through conversations with families.

The MITP believes that the integration of the RBI as a family assessment tool will result in higher quality, more contextually appropriate IFSPs, including specific IFSP outcomes related to social-emotional needs, supports, and capacity building, and, consequently, better positive social-emotional outcomes for young children with disabilities.

2. <u>Social Emotional Foundations for Early Learning</u> - Social Emotional Foundations for Early Learning (SEFEL) is a framework that uses evidence-based strategies to promote the social-emotional development and school readiness of young children birth to age 5. This conceptual model was developed by The Center on the Social and Emotional Foundations for Early Learning (CSEFEL). CSEFEL is a national resource center for disseminating research and evidence-based practices to early childhood programs across the country.

It is also important to note that the SEFEL framework aligns with other Maryland State initiatives. SEFEL incorporates a multi- tiered system of support. This multi- tiered model is similar to the Positive Behavior Interventions and Support System (PBIS) model that has been adopted in many Maryland public schools. By introducing this framework in early intervention systems, it improves the continuum of services that are available to our infants, toddlers, and preschool-age children with disabilities. This alignment provides common language, uses evidence based interventions, and allows for richer collaboration between professionals that are serving and teaching Maryland children from birth to 21.

The training and implementation model that will be used to disseminate the SEFEL framework first involves building capacity at the state level. The State Leadership Implementation Team will identify evaluation tools to measure implementation fidelity, create a system to collect and analyze child outcome data, and carefully select a cadre of professional development experts to deliver training and provide external coaching to establish high-fidelity implementation. Each targeted jurisdiction will have access to both face-to-face technical assistance and virtual support to help guide them through levels of implementation of SEFEL. Providing high levels of post-training support and coaching will increase the likelihood that systemic change will occur. Detailed descriptions of the SEFEL implementation plan will be provided in Phase II of the SSIP.

The MITP believes that the integration of the SEFEL framework and strategies into local programs will increase both provider and family awareness and knowledge about typical and atypical social-emotional development, including both identification and the use of appropriate strategies and that the use of reflective coaching as a follow-up to professional learning on

social-emotional development will increase the competency of early intervention providers to recognize opportunities to integrate social-emotional support across settings and activities with families.

MITP Key Strategy #3 – Ensure accountability with a focus on results through data-informed decision-making

Ongoing Practice - TAP-IT Protocol

As part of the MSDE, DSE/EIS strategic plan, the Division has adopted an evidence-based data analysis and decision-making process based on implementation science, called the TAP-IT Protocol. TAP-IT stands for Team, Analyze, Plan, Implement, and Track and this process guides State/local leaders and practitioners through a structured examination of data, inquiry, and evaluation. This protocol guides: 1) the formation of implementation **teams**, 2) the **analysis** of comprehensive data to determine specific needs at each level of the system, 3) action **planning** to address the identified need at each stage of implementation, 4) ongoing support (through the implementation team) for **implementation** of innovative practices to address needs, and 5) **tracking** progress and implementation fidelity. The MITP will support the use of the TAP-IT Protocol within local leadership implementation teams.

It is anticipated that the continued use of Implementation Science and the TAP-IT protocol will provide support within local programs to engage in data-informed decision-making around scaling up evidence-based practices that support positive social-emotional development of young children.

New improvement strategies to be implemented within the targeted jurisdictions will include:

1. *IFSP Reflection Tool – Developing High-Quality Functional, Routines-Based IFSPs* - The MITP has created and will begin rolling out the *IFSP Reflection Tool* and its three companion modules. The *IFSP Reflection Tool* was developed by MSDE and stakeholders to assist lead agencies and service providers in refining their practice in developing IFSPs that use authentic and appropriate information to develop functional outcomes and routines-based supports and services for young children and their families. The tool is a self-assessment that may be used for professional learning and program improvement; it is not an evaluation of any kind.

The MITP believes that the integration and use of the IFSP Reflection Tool will provide additional data to local implementation teams and will support data-informed decision-making and action planning to better address positive social-emotional skills of young children with disabilities and to build family/caregiver capacity to embed positive social-emotional skill development within daily routines.

2. *Data Quality – Child Outcome Summary Competency Check* - Appropriate data-informed decision-making cannot occur without valid and accurate data. To help ensure accurate data, the Early Childhood Technical Assistance Center (ECTA) is currently creating the

Child Outcome Summary – COS Competency Check (COS-CC). The COS-CC is being created to provide states with a mechanism to verify that early intervention staff have the basic competencies to complete the COS process. The COS-CC will also assist the MITP and local programs identify professional learning needs. At present, the COS-CC has not yet been released. However, when it is released the four targeted jurisdictions will be considered for an initial pilot. Over the next several years the COS Competency Check will then become a requirement in Maryland for all providers involved in the COS process.

The MITP believes that the requirement of all IFSP teams to be COS competent will result in more accurate child outcomes data which can then be used to make appropriate data informed decisions, including those supporting the development of positive social-emotional skills.

Conclusions

The application of Implementation Science will be utilized in the four targeted jurisdictions beginning with the formation of a local implementation team. While the above set of coherent improvement strategies have been identified by stakeholders through data and infrastructure analysis, including the identification of root causes, the local implementation teams in each jurisdiction will guide how and when these strategies will be installed. During Phase 2 of the SSIP, additional work with stakeholders will be completed to assist the MITP in further development of a logical sequence for implementation of the coherent improvement strategies, evaluation of the strategies, and the specifics around the actual implementation plan, including steps, outcomes, resources needed, scale up plan, and timelines.

Theory of Action

Stakeholder Involvement
Using OSEP's Theory of Action as a guide, stakeholders developed the MITP's Theory of Action with two workgroups. After a total of 11 draft Actions were developed by the two groups, they went through several iterations to arrive at a more manageable Theory of Action aligned with both the Core Functions of the MSDE, DSE/EIS and OSEP's Theory of Action. The major components of this Theory of Action include Leadership, Technical Assistance, Accountability for Results, and Resource Management.

The attendance of specific stakeholders is listed below.

Internal Stakeholders

Stakeholder	12/10/14	1/8/15
MITP Program Manager, Section Chief for Policy and Data, DSE/EIS	X	X
Birth through Five Section Chief, Preschool Coordinator, DSE/EIS		X
Quality Assurance Specialist, DSE/EIS	X	X
Part C Monitoring Specialist, DSE/EIS		X
Behavioral Specialist, DSE/EIS	X	X
Director of the Office of Childcare at MSDE, DECD		X
Birth through Five Education Program Specialist, DECD	X	
Consultant	X	

External Stakeholders

Stakeholder	12/10/14	1/8/15
Parents	X	X
LITP Directors	X	X
Preschool Coordinators	X	X
Local Program Supervisors	X	X
Early Intervention Providers	X	X
State Interagency Coordinating Council	X	X
Institutes of Higher Education	X	X
Department of Health and Mental Hygiene/Health Department	X	X
Head Start		X
Early Head Start		X
Advocacy Groups	X	X

Maryland Chapter of the American Academy of Pediatrics		X
Division of Early Childhood Development/Child Care	X	X
Maryland Insurance Administration		X
Homeless Education	X	X
Foster Care		X
Mental Health	X	X
Governor's Office for Children		X
Maryland Family Network (Family Support)	X	X
Maryland Developmental Disabilities Council	X	X
Maryland Screening Consortium Members	X	X
LICC Chairs/Members	X	X

MITP Theory of Action

The MITP's Theory of Action aligns with the MSDE, DSE/EIS Core Functions as described in *Moving Maryland Forward*: Leadership, Technical Assistance, Accountability, and Resource Management. Incorporated throughout the Theory of Action are the MITP's Key Improvement Strategies to: provide leadership for strategic collaboration and resource management; provide technical assistance and programmatic support focused on family partnerships and evidence-based practices; and ensure accountability with a focus on results through data-informed decision-making.

The MITP anticipates that the three SSIP Key Improvement Strategies will lead to the achievement of improved results for infants, toddlers, and preschool-age children with disabilities and their families. Each Key Strategy represents a sequence of strategic actions that have a rationale based on data and infrastructure analysis. The MITP's Theory of Action and strategies will provide an indication of whether MITP is on the right track. As such, the graphic representation will help the MITP and its stakeholders develop evaluation strategies for both progress and implementation fidelity in Phase 2 of the SSIP process.

The Theory of Action explicitly articulates the rationale of how these strategies fit within the *Moving Maryland Forward* strategic plan's Core Functions and will build the capacity to lead to meaningful change:

- The strategic leadership efforts supported by the MITP with all of its stakeholders (families, local jurisdictions, other MSDE division, state agencies, early childhood higher education preparatory programs, and other early care and education partners) to continue to build a collaborative vision for implementing an efficient, effective, comprehensive, and coordinated birth to five system of services will lead to a shared vision by local programs. Local programs will develop a highly efficient and effective infrastructure that encourages linkages, coordination and access to mental health services, and high quality early intervention/early care and education services among all partnering agencies.

- The technical assistance provided by the MITP to create an implementation infrastructure that utilizes data and evidence-based practices with fidelity will lead to systems of support within and across agencies to enhance provider skills to identify typical and

atypical social-emotional development, to promote strategies to support positive social-emotional development, and to increased access to cross-agency intervention.

- Holding local jurisdictions accountable for clearly identified, measureable results, including increased data quality and public awareness activities, and engaging early intervention and early care providers in the data informed decision process (TAP-IT) to continuously improve programs focused on the social-emotional development of infants, toddlers, and preschool age children and the capacity of families to foster that development will lead to early intervention and early care providers having the tools for using data to improve: a family's understanding and knowledge of social-emotional development; the co-development, co-implementation, and co-evaluation of high-quality, functional, routines-based IFSPs; data quality; the utilization of evidence-based strategies with fidelity; and access to early intervention and mental health services.

- The alignment of allocations and resources to specifically address identified issues and the efficient, effective, and equitable use of technical assistance and other resources by the MITP will lead to LITPs coordinating and aligning resources and funding streams that improve system effectiveness, evidence-based practices, and ensure efficient use of resources.

The MITP believes this Theory of Action will drive change that results in substantially increasing the rate of growth in positive social-emotional skills of infants, toddlers, and preschool-age children with disabilities in Maryland.

MITP Theory of Action

Vision: The Division of Special Education/Early Intervention Services, ensures children: are ready for school; achieve in school; and are prepared for college, career, and community through participation in Maryland's early intervention and/or special education services. Focusing on improvement strategies identified as effective for local program and State implementation will yield measurable progress in the positive social-emotional development of infants, toddlers, and preschool age children, while leveraging the resources from key State initiatives.

Core Functions	If the MITP...	Then...	Then...
Leadership	...engages strategically with families, LITPs, partners and stakeholders to communicate, build, and promote a collaborative vision for the implementation of an efficient, effective, comprehensive, and coordinated birth to five system of services	...LITPs will implement a highly efficient and effective organization structure that links to mental health services, and high quality early intervention/ early care and education services among all partnering agencies and organizations	...the rate of growth of positive social-emotional skills in infants, toddlers, and preschool age children will be substantially increased
Accountability	...holds local jurisdictions accountable for clearly identified measurable results, including increased IFSP and data quality, to continuously improve programs and increase the capacity of families to foster that development	...early intervention and early care providers will have a protocol for using data to improve: the co-development, co-implementation, and co-evaluation of high-quality, functional, routines-based IFSPs; data quality; the utilization of evidenced-based strategies with fidelity; and the availability of and access to mental health services	
Technical Assistance	...provides ongoing technical assistance, professional learning, and programmatic support to early intervention and early care providers to build and implement infrastructure to utilize data and evidence-based practices with fidelity	...systems of support will be created within and across agencies to enhance skills to identify typical and atypical social-emotional development and to promote strategies to support positive social-emotional development	
Resource Management	...aligns the allocation of resources to specifically address the identified issue and efficiently, effectively, and equitably deploys technical assistance and other resources	...LITPs will coordinate and align resources and funding streams that improve system effectiveness, evidence-based practices, and ensure efficient use of resources	

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